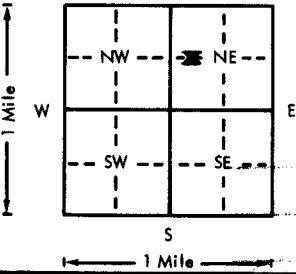


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

ABC

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County Wallace	Fraction Center of south side NW 1/4 NE 1/4	Section number 14	Township number T 13 S	Range number R 40 W E/W
2. Distance and direction from nearest town or city: 3 miles north, 1/2 mile east of Sharon Springs, Kansas Street address of well location if in city:			3. Owner of well: Smokey River Ranch R.R. or street: City, state, zip code: Sharon Springs, Kansas 67758		
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map: Center of south side, NW 1/4, NE 1/4, Sec. 14, Twp. 13S, Rge 40W		
5. Type and color of material			From	To	
top			0	2	
good sand loose clean			2	9	
shale			9	42	
BRUCK S					
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		6. Bore hole dia. 30 in. Completion date 3-27-76 Well depth 42 ft.		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 36 lbs./ft. Dia 16 in. to 42 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 219		
			10. Screen: Manufacturer's name W. A. Brown Type steel Dia. 16" Slot/gauge 2" Length 30' screen 12 ft. and 42 ft. ft. and <input type="checkbox"/> ft. Gravel pack? yes Size range of material 1/4		
			11. Static water level: <input type="checkbox"/> mo./day/yr. 13 ft. below land surface Date 4-7-76		
			12. Pumping level below land surfaces: 39 ft. after 4 hrs. pumping 350 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 350 g.p.m.		
			13. Water sample submitted: <input checked="" type="checkbox"/> NO mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date		
			14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade		
			15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
			16. Nearest source of possible contamination: none ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? Yes <input type="checkbox"/> No <input type="checkbox"/>		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
			20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Northwest Drilling Co., Inc. Business name License No. 67435 Address Box 411, Goodland, Ks. Signed Ben Hays 6-15-76 Authorized representative		

T 13 S R 40 W E/W Sec 14

13 40 W 14

CIVILIANE

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5