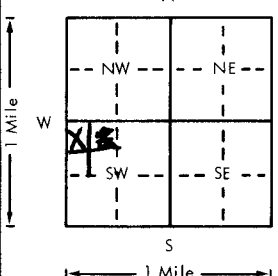
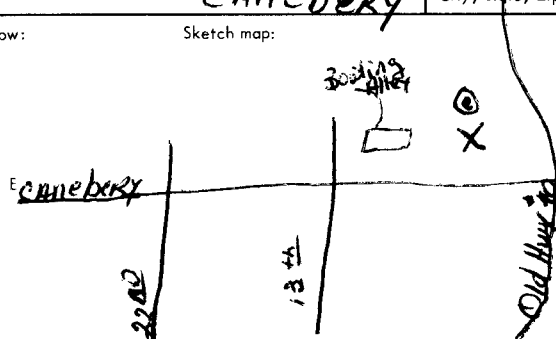


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Ellis</i>	Fraction <i>NE 1/4 NW 1/4 SW 1/4</i>	Section number <i>2</i>	Township number T <i>14</i> S R	Range number <i>18</i> EW
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: Street address of well location if in city: <i>Canebery</i>			3. Owner of well: <i>Jim Meirs</i> R.R. or street: City, state, zip code: <i>Hays KS 67601</i>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <i>7 1/8</i> in. Completion date <input checked="" type="checkbox"/> Well depth <i>50</i> ft.	
					7. <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary	
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <i>Steel</i> <input checked="" type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia <i>5</i> in. to <i>50</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>250</i>		
Top Soil		0	3	<input checked="" type="checkbox"/> Screen: Manufacturer's name <i>Jess + Lowell</i> Type <input type="checkbox"/> Dia. <i>5"</i> Slot/gauze <input type="checkbox"/> Length <i>10'</i> Set between <i>38</i> ft. and <i>48</i> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft.		
BR. CLAY		3	10	Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>CMA</i>		
Rock		10	12	<input checked="" type="checkbox"/> Static water level: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> ft. below land surface Date <input type="checkbox"/>		
White Clay		12	38	<input checked="" type="checkbox"/> Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
Water sand + clay		38	48	<input checked="" type="checkbox"/> Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>		
Shale		48	50	<input checked="" type="checkbox"/> Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> inches above grade		
				15. Well grouted? <input type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.		
				<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input checked="" type="checkbox"/> Pump: <input 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		
				(Use a second sheet if needed)		
18. Elevation:	19. Remarks:			20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Diaper's Water Well Drllg. Inc</i> Business name <i>406 W 24</i> License No. <i>354</i> Address <i>Robert E Diaper</i> Date <i>2/1/79</i> Signed _____ Authorized representative		

T 14 R 18 E 2 - NW 1/4 SW 1/4

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

Form WWC-5