

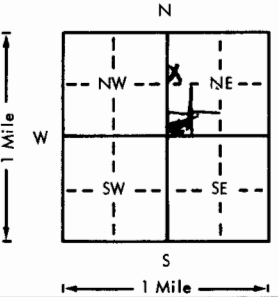
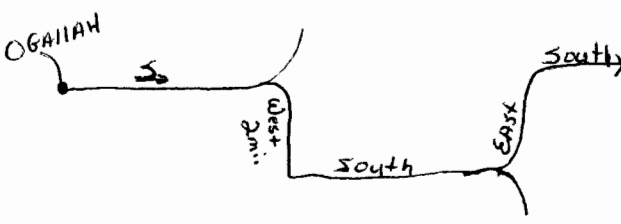
CEDAR BLUFF

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

ABC

1. Location of well: County TREGO		Fraction SW 1/4 NW 1/4 NE 1/4		Section number 33		Township number T 14S		Range number R 22W E/W	
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: Cedar Bluff Cabin AREA R.R. or street: City, state, zip code: KANSAS					
4. Locate with "X" in section below: 				Sketch map: 		6. Bore hole dia. 9 in. Completion date _____ Well depth 500 ft.			
5. Type and color of material				From		To		7. <input checked="" 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	
								8. Use: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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 Weight: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 1 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 500 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 320	
								10. Screen: Manufacturer's name JESS AND Lowell Type (320) steel Dia. 5" Slot/gauze _____ Length 10' Set between 480' ft. and 490' ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material _____	
								11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____	
								12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
								13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
								14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade	
								15. Well grouted? <input checked="" type="checkbox"/> 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: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
								17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: Drilled 50' of 13 3/4" + ran 10 1/2" surface pipe to 50'. Cemented from top to bottom. Then went with 9" bit to T.D. 2183		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. Diaper's Water Well Pkg. Inc. Business name _____ License No. _____ Address 406 W 24th Ave Signed Bob Diaper Date 8/30 Authorized representative					

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

TOPO

Form WWC-5

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