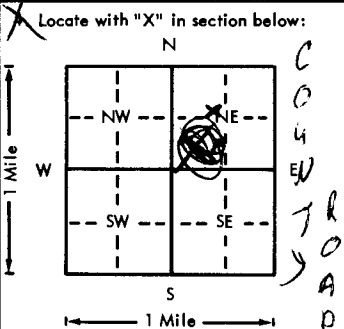


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>ELLIS</b>	Fraction <b>SE 1/4 NW 1/4 NE 1/4</b>	Section number <b>17</b>	Township number <b>T 15 S</b>	Range number <b>R 18 E</b>
2. Distance and direction from nearest town or city: <b>7.5 2W 1/2 N</b>			3. Owner of well: <b>Rich Grabbe</b>			
Street address of well location if in city: <b>HAYS KS.</b>			R.R. or street: <b>RR.</b>			
City, state, zip code: <b>HAYS.</b>						
4. Locate with "X" in section below: 		Sketch map: <b>FEED LOT</b>		6. Bore hole dia. <b>7 7/8</b> in. Completion date <b>10/15/77</b> Well depth <b>244</b> 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		
				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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <b>RMP</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>10</b> in. RMP <b>styrene</b> PVC Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>244</b> ft. depth Well Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>320</b>		
5. Type and color of material		From	To	<input checked="" type="checkbox"/> Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>styrene</b> Dia. <b>5</b> Slot/gauze _____ Length <b>20</b> Set between <b>220</b> ft. and <b>240</b> ft. _____ ft. and _____ ft. Gravel pack? <b>YES</b> Size range of material <b>1/4 - 1/8</b>		
Top soil		0	4			
White rock		4	11			
Shale		11	185			
White Dakota clay		185	230	11. Static water level: _____ mo./day/yr. <b>215</b> ft. below land surface Date <b>10/15/77</b>		
Sandstone		230	240	12. Pumping level below land surfaces: <b>228</b> ft. after <b>8</b> hrs. pumping <b>10</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.		
Fireclay		240	244	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade		
				15. Well grouted? <b>YES</b> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>205</b> ft. to <b>215</b> ft. <b>Aprin 4-15</b>		
				16. Nearest source of possible contamination: <b>none</b> ft. <b>200</b> Direction <b>SE</b> Type <b>FEED LOT</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <b>F+W</b> Model number _____ HP <b>1</b> Volts <b>220</b> Length of drop pipe <b>231</b> ft. capacity _____ g.p.m. Type: <input checked="" 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>KARST WATER WELL DRILLING</b> Business name _____ License No. _____ Address <b>Highway 40 Hays</b> _____ Signed <b>M.P. Kato</b> Date <b>10-15-77</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 15 S R 18 E Sec 17 SE 1/4 NE 1/4

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

Form WWC-5