

GRANT ISLAND

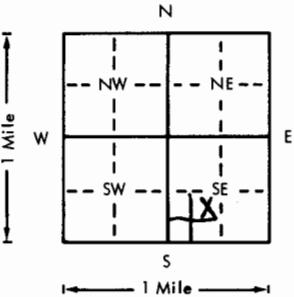
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USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

DCA

1. Location of well: County REGO		Fraction NE 1/4 SW 1/4 SE 1/4		Section number 27		Township number T 15 S R 21		Range number E/W	
2. Distance and direction from nearest town or city: Street address of well location if in city: Approx. 12 mi. from Brownell				3. Owner of well: Julien unrein <input checked="" type="radio"/> R.R. or street: Brownell, Ks. City, state, zip code:					
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. 7 7/8 in. Completion date _____ Well depth 18 ft.					
5. Type and color of material				From		To			
Top Soil				0		3'			
CLAY & Rock				3		7'			
CLAY				7		15'			
Shale				15		18'			
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. Yes No Date _____				14. Well head completion: _____ Pitless adapter _____ Inches above grade					
15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes No					
17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ 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. Draper Water Well Drlg. Business name _____ License No. _____ Address 406 W. 24th Ave, KS Signed Bob Draper Date 8/25/79 Authorized representative					
18. Elevation: Topography: ____ Hill ____ Slope ____ Upland ____ Valley		19. Remarks: Plugged with some soil + then 1 ex. Common COVERED with top soil.							

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NE S USE

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

Form WWC-5