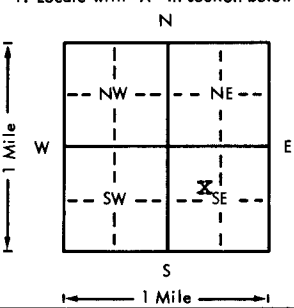


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Ness	Fraction se 1/4 nw 1/4 se 1/4	Section number 23	Township number T 16 S	Range number R 22
2. Distance and direction from nearest town or city: Street address of well location if in city: Brownell				3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>8</u> in. Completion date <u>8/9/77</u> Well depth <u>38</u> ft.		
5. Type and color of material				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		
clay and silt				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		
gravel				9. Casing: Material <u>Plts</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>GI</u> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>38</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>		
				10. Screen: Manufacturer's name <u>Valley Steel</u> Type <u>PVC</u> Dia. <u>5 in.</u> Slot/gauze <u>1/16</u> Length <u>20 ft.</u> Set between <u>10 28</u> ft. and <u>38</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>7 down</u>		
				11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>8/9/77</u>		
				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 type="checkbox"/> Pitless adapter _____ Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <u>clay</u> neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>5</u> ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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		
(Use a second sheet if needed)						
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		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. <u>Aqua Well Drilling 281</u> Business name _____ License No. _____ Address <u>Gove, Ks. 67736</u> Signed <u>[Signature]</u> Date <u>10-10-77</u> Authorized representative		

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

Form WWC-5