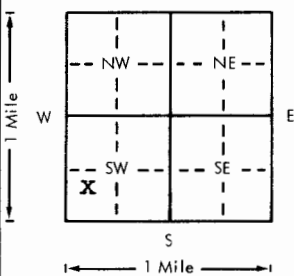


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Barton</b>	Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section number <b>33</b>	Township number <b>T 17 S R 12 1/W</b>	Range number
2. Distance and direction from nearest town or city: <b>1/2 miles east from Redwing, Kansas</b> Street address of well location if in city:			3. Owner of well: <b>Everitt Hitschmann Rt. 1 Hoisington, Kansas 67544</b> R.R. or street: City, state, zip code:			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		6. Bore hole dia. <b>1 1/2</b> in. Completion date _____ Well depth <b>37</b> ft. <b>10-3-79</b>	
5. Type and color of material			From	To	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	
top soil			0	2	8. Use: <input checked="" 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
clay			2	18	9. Casing: Material <b>PVC</b> Height: Above _____ Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>200</b> lbs./ft. Dia. <b>5 1/2</b> to <b>37</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>.258</b>	
broken rock and clay			18	24	10. Screen: Manufacturer's name _____ <b>certain teed</b> Type <b>PVC</b> Dia. _____ Slot/gauge <b>1/16</b> Length <b>17</b> Set between <b>37</b> ft. and <b>20</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4-3/8-1/2</b>	
soft gray clay			24	31	11. Static water level: _____ mo./day/yr. <b>25</b> ft. below land surface Date <b>10-3-79</b>	
sandy blue clay			31	33	12. Pumping level below land surfaces: <b>NA</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
broken rock and clay			33	37	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>10-3-79</b>	
red bed			37	38	14. Well head completion: <b>no</b> 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 <b>0</b> ft. to <b>10</b> ft.	
					16. Nearest source of possible contamination: <b>all</b> ft. <b>50</b> Direction <b>south</b> Type <b>well</b> Well disinfected upon completion? <b>HTH</b> 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	
					(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>Rosencrantz-Bemis 134</b> Business name License No. Address <b>Box 713 Great Bend, Ks</b> Signed <b>Fredia Nelson</b> Date <b>10/15/79</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 17 S R 12 1/W Sec 33 SW 1/4 SW 1/4

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

Form WWC-5