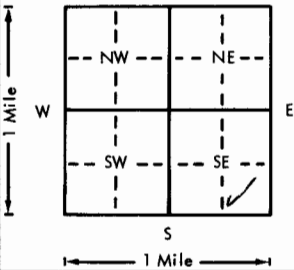


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>se/4 se 1/4 1/4</b>	Section number <b>10</b>	Township number <b>T 17 S R 13 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>4 North 2 East of Hoisington, Ks.</b> Street address of well location if in city:			3. Owner of well: <b>Mark Boger</b> R.R. or street: <b>Rt. 2</b> City, state, zip code: <b>Hoisington, Ka.</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>80</u> ft. <u>7-28-76</u>
Top soil			0	3	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
Clay			3	14	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
Soft mealey clay			14	25	9. Casing: Material <u>pvc</u> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>160</u> lbs./ft. Dia. <u>4</u> in. to <u>80</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>1/4</u>
Clay & fine sand			25	40	10. Screen: Manufacturer's name _____ <u>R &amp; B</u> Type <u>pvc</u> Dia. <u>4</u> Slot/gauze <u>1/16</u> Length <u>15</u> Set between <u>65</u> ft. and <u>80</u> ft. _____ ft. and _____ ft.
Clay and rock			40	52	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8-3/4</u>
Clay			52	55	11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date <u>7-28-76</u>
Clay and rock			55	60	12. Pumping level below land surfaces: <u>26</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>40</u> g.p.m.
Hard clay			60	65	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Sand and water rock			65	80	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
Fire clay			80		15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>SW</u> Type <u>septic tank</u> 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
					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>Rosencrantz-Bemis 134</u> Business name License No. Address <u>Great Bend, Ka.</u> Signed <u>Judith Watson</u> Date <u>8-24-76</u> Authorized representative
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

T 17 S R 13 E  
1/4 1/4 1/4 SE

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

Form WWC-5