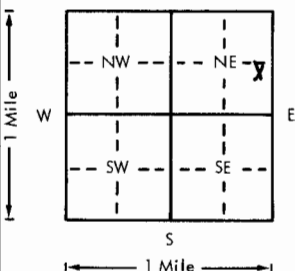


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Rice</u>		Action <u>SE NE</u> SW NE ^{CN 1/2}		Section number <u>29 2</u>	Township number <u>19</u> T <u>20</u> S R <u>7</u> EW	Range number <u>7</u>
2. Distance and direction from nearest town or city: <u>Lyons</u> <u>1/4 E 1/4 S. of Lyons, KS.</u> Street address of well location if in city:				3. Owner of well: <u>Ed Waggoner</u> R.R. or street: <u>Rt. 1</u> City, state, zip code: <u>Lyons, Ks. 67554</u>		
X Locate with "X" in section below: 		Sketch map: <u>along road</u>		6. Bore hole dia. <u>12 1/4</u> in. Completion date _____ Well depth <u>90</u> ft. <u>7-17-78</u>		
5. Type and color of material		From	To	7. 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		
<u>Top Soil</u>		<u>0</u>	<u>3</u>	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		
<u>Sand Clay</u>		<u>3</u>	<u>7</u>	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 60 lbs./ft. Dia. <u>6 3/8</u> to <u>90</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>280</u>		
<u>Brown Rock Clay</u>		<u>7</u>	<u>50</u>	10. Screen: Manufacturer's name <u>Certain Teed</u> Type <u>PVC</u> Dia. <u>6 5/8</u> Slot/gauge <u>1.16</u> Length <u>40</u> Set between <u>40</u> ft. and <u>90</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>		
<u>Sandy Clay</u>		<u>50</u>	<u>55</u>	11. Static water level: _____ mo./day/yr. <u>31</u> ft. below land surface Date <u>7-17-78</u>		
<u>Clay fine Sandy Clay</u>		<u>55</u>	<u>81</u>	12. Pumping level below land surfaces: <u>31</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.		
<u>Shale</u>		<u>81</u>	<u>120</u>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>7-17-78</u>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> 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 <u>0</u> ft. to <u>12</u> ft.		
				16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>N</u> Type <u>septic</u> Well disinfected upon completion? <u>HTH</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
				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: <u>1726'</u>	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>Rosenkrantz-Bemis 134</u> Business name License No. _____ Address <u>Great Bend, Ks 67530</u> Signed <u>Sandy Kildes</u> Date <u>8-4-78</u> Authorized representative			

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