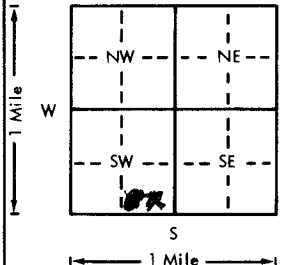


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SW 1/4 1/4 1/4	Section number 16	Township number T 20 S R 21 E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>5</u> in. Completion date <u>10</u> Well depth <u>420</u> ft. <u>4</u> <u>77</u>
TOPSOIL			0	3	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
BROWN CLAY			3	12	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
TAN CLAY			12	17	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>14</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>190</u> lbs. Dia. <u>5</u> in. to <u>390</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>1902</u>
YELLOW CLAY			17	30	10. Screen: Manufacturer's name _____ Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length _____ Set between <u>390</u> ft. and <u>420</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>#1</u>
LIMESTONE ROCK & YELLOW CLAY			30	39	11. Static water level: _____ mo./day/yr. <u>197</u> ft. below land surface Date <u>5 10 77</u>
BLACK SHALE			39	146	12. Pumping level below land surfaces: <u>271</u> ft. after <u>12</u> hrs. pumping <u>12</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>40</u> g.p.m.
STICKY BLUE CLAY			146	201	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
RED CLAY			201	306	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>14</u> Inches above grade
MULTI COLORED CLAYS			306	370	15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>15</u> ft.
SANDSTONE & SHALE STRIPS			370	375	16. Nearest source of possible contamination: ft. <u>90</u> Direction <u>South</u> Type <u>SEPTIC TANK</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
BLUE SHALE			375	390	17. Pump: _____ Not installed Manufacturer's name <u>REDA</u> Model number <u>1709101</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>294</u> ft. capacity <u>12</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
SANDSTONE			410	420	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>Dean Waterhouse DRIG</u> Business name _____ License No. _____ Address <u>HANSON KANSAS 293</u> Signed <u>Dean Waterhouse</u> Date <u>5-22-77</u> Authorized representative
Blue BLUE SHALE			420	446	
(Use a second sheet if needed)					
18. Elevation: 2230	19. Remarks: /				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 20 S R 21 E W 16 SE SESW 1/4 1/4 1/4

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

Form WWC-5