

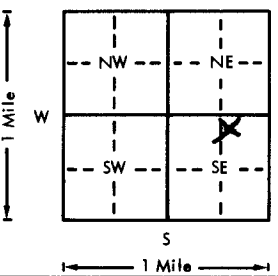
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

DAB

*near city*

1. Location of well: County <b>NESS</b>		Fraction <b>NW 1/4 NE 1/4 SE 1/4</b>		Section number <b>33</b>	Township number <b>T 20 S R 23 E 1</b>	Range number <b>23</b>
2. Distance and direction from nearest town or city: <b>1 1/2 MILES SOUTH</b> <b>1/2 MI EAST OF NESS CITY</b> Street address of well location if in city:				3. Owner of well: <b>JOE SEDLIKA</b> R.R. or street: City, state, zip code: <b>NESS CITY KANSAS</b>		
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. <b>5</b> in. Completion date <b>18 June 1976</b> Well depth <b>50</b> ft.		
<b>BLACK TOP SOIL</b>		<b>0</b>	<b>4</b>	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		
<b>TAN CLAY</b>		<b>4</b>	<b>22</b>	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		
<b>GREY BROWN CLAY</b>		<b>22</b>	<b>32</b>	9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>50</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>250</b>		
<b>GOOD COURSE SAND</b>		<b>32</b>	<b>42</b>	10. Screens: Manufacturer's name <b>JASSE + LOWELL</b> Type <b>STYRENE</b> Dia. <b>5"</b> Slot/gouze _____ Length <b>20</b> Set between <b>40</b> ft. and <b>60</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <b>#1</b>		
<b>STRIP OF CLAY</b>		<b>42</b>	<b>43</b>	11. Static water level: _____ mo./day/yr. <b>42</b> ft. below land surface Date <b>5-18-76</b>		
<b>GOOD COURSE SAND</b>		<b>43</b>	<b>56</b>	12. Pumping level below land surfaces: <b>BAILED</b> _____ ft. after _____ hrs. pumping <b>19</b> g.p.m. <b>7</b> g.p.m. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>40</b> g.p.m.		
<b>BLACK SHALE</b>		<b>56</b>	<b>60</b>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
<b>BRICKS 56</b>		<b>42</b>		14. Well head completion: <b>12</b> inches above grade <b>1 1/2" pipe adapter</b>		
<b>14' sat thick</b>				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth from _____ ft. to <b>12</b> ft.		
<b>Alluvium</b>				16. Nearest source of possible contamination: <b>NEAR</b> Direction <b>NORTH</b> type <b>OLD WELL</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)				17. Pump: Not installed Manufacturer's name <b>CLAYTON MARLE</b> Model number _____ HP _____ Volts _____ Length of drop pipe <b>50</b> ft. capacity <b>3</b> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input checked="" type="checkbox"/> Other		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <b>2222</b> <b>21</b>			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>DEAN WATERHOUSE PRLC</b> Business name _____ License No. _____ Address <b>MANSTON KANSAS</b> Signed <b>Dean Waterhouse</b> Date <b>25 Jan 1976</b> Authorized representative		

20 230 33 NW 1/4 SE

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

Form WWC-5