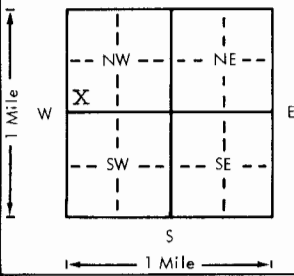


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Stafford	Fraction SW 1/4 SW 1/4 NW 1/4	Section number 36	Township number T 21 S R	Range number 13W E/W			
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: 			6. Bore hole dia. <u>8</u> in. Completion date <u>12-22-77</u> Well depth <u>60</u> ft.			
5. Type and color of material			From			To			
			Top Soil-Clay			0		22	
			Sandy Clay			22		35	
			sand-Gravel			35		60	
						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			
						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"/> Stack <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
						9. Casing: Material <input type="checkbox"/> Thru <input type="checkbox"/> Height: Above <u>XXXX</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.8</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>sch 40</u>			
						10. Screen: Manufacturer's name Jetstream Type <u>pvc</u> Dia. <u>5"</u> Slot/gauze <u>1/32"</u> Length <u>20'</u> Set between <u>40</u> ft. and <u>60</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/4"</u>			
						11. Static water level: <u>16</u> ft. below land surface Date <u>12-22-77</u> mo./day/yr.			
						12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>50</u> g.p.m.			
						13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>			
						14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</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>10</u> ft.			
						16. Nearest source of possible contamination: ft. <u>55</u> Direction <u>e</u> Type <u>sewer</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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. Kellys Waterwell Ser 186 Business name <u>R2 Great Bend, Ks.</u> License No. <u> </u> Address <u>R2 Great Bend, Ks.</u> Signed <u>Kelly Price</u> Date <u>8-20-77</u> Authorized representative				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley									

21-130W
 Sec 36
 1/4 SW 1/4
 1/4 SW 1/4

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

Form WWC-5