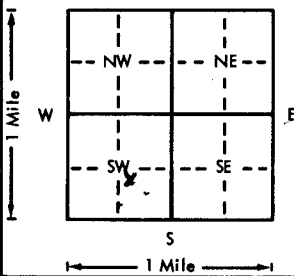


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Lawrence</u>	Fraction <u>NE 1/4 SE 1/4 SW 1/4</u>	Section number <u>35</u>	Township number <u>20</u>	Range number <u>15</u>	E/W <u>E</u>
2. Distance and direction from nearest town or city:		3. Owner of well: <u>Duke Drilling Co.</u>		R.R. or street: <u>Great Bend</u>			
Street address of well location if in city:		City, state, zip code: <u>Kansas</u>					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.			
				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			
5. Type and color of material		From		To		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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
						9. Casing: Material <u>Steel</u> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC _____ Weight <u>207.3</u> lb./ft. Dia. <u>4</u> in. to <u>25</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>237</u>	
						10. Screen: Manufacturer's name <u>Hydramatic</u> Type <u>Slot</u> Dia. <u>4 1/2</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-14</u>	
						11. Static water level: _____ mo./day/yr. <u>26</u> ft. below land surface Date <u>6-15-76</u>	
						12. Pumping level below land surfaces: <u>30</u> ft. after <u>1</u> hrs. pumping <u>100</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>200</u> g.p.m.	
						13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
						14. Well head completion: _____ Pitless adapter <u>12</u> Inches above grade	
						15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.	
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ 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	
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. <u>Myer Water Well</u> <u>14/3</u> Business name _____ License No. _____ Address _____ Signed <u>Myer</u> Date <u>6-15-76</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5