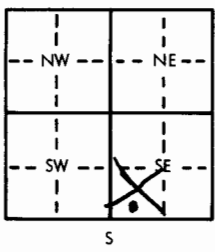


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82g-1201-1215

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

County: <u>Harvey</u>		Fraction: <u>S 1/2 SW 1/4 SE 1/4</u>	Section number: <u>2</u>	Township number: <u>T 23</u>	Range number: <u>R 1</u>	Easting: <u>1</u>
1. Location of well:		2. Distance and direction from nearest town or city: <u>2 3/4 miles on 24 SE street</u>		3. Owner of well: <u>Andrew Boese</u> R.R. or street: <u>412 E 1st street</u> City, state, zip code: <u> </u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>7.59</u> in. Completion date <u>11 6 76</u> Well depth <u>78</u> ft.		
				7. <input checked="" type="checkbox"/> Cable tool <input 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 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>Black soil</u>		<u>0</u>		<u>2</u>		9. Casing: Material <u>Plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>16</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>78</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>78</u> ft. depth Gauge No. <u>2108</u> in
<u>White clay</u>		<u>2</u>		<u>20</u>		10. Screens: Manufacturer's name <u>Plastic inc</u> Type <u>RMP</u> Dia. <u>5</u> Slot/gauze <u>3/32</u> Length <u>40</u> Set between <u>20</u> ft. and <u>40</u> ft. <u>55</u> ft. and <u>78</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4 1/2</u>
<u>Sand</u>		<u>20</u>		<u>27</u>		11. Static water level: <u>20</u> ft. below land surface Date <u>11 6 76</u> mo./day/yr.
<u>gray clay</u>		<u>27</u>		<u>40</u>		12. Pumping level below land surfaces: <u>20</u> ft. after <u>23</u> hrs. pumping <u>15</u> g.p.m. ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>20</u> g.p.m.
<u>Blue shale</u>		<u>40</u>		<u>55</u>		13. Water sample submitted: <u> </u> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>11 6 76</u>
<u>Blue Blue</u>		<u>55</u>		<u>62</u>		14. Well head completion: <u>16</u> inches above grade Pitless adapter <u> </u>
<u>Limestone</u>		<u>62</u>		<u>64</u>		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.
<u>Blue shale</u>		<u>64</u>		<u>70</u>		16. Nearest source of possible contamination: <u>100</u> ft. Direction <u>W</u> Type <u>log cabin</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Rock</u>		<u>70</u>		<u>71</u>		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: <u> </u> <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
<u>Blue shale</u>		<u>71</u>		<u>78</u>		18. Elevation: <u> </u>
						19. Remarks: <u> </u>
						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>Tirath Budda</u> <u>221</u> Business name <u>Dyncon Kansas</u> License No. <u> </u> Address <u> </u> Signed <u>Tirath Budda</u> Date <u>11 6 76</u> Authorized representative

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

Form WWC-5