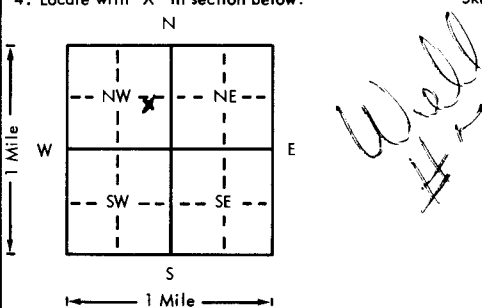


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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: <u>7</u>		County: <u>Polk</u>	Fraction: <u>N 1/4 SE 1/4 NW 1/4</u>	Section number: <u>7</u>	Township number: <u>T 23 S</u>	Range number: <u>R 17 E</u>
2. Distance and direction from nearest town or city: <u>1-S 3/4 E of Fairfield, Ks.</u> Street address of well location if in city:				3. Owner of well: <u>Carl Tyler</u> R.R. or street: <u>1721 College</u> City, state, zip code: <u>Larned, Ks. 67550</u>		
4. Locate with "X" in section below: 				6. Bore hole dia. <u>11</u> in. Completion date <u>6-24-77</u> Well depth <u>23</u> ft.		
5. Type and color of material				7. <input checked="" 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
				9. Casing: Material <u>pvc</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>6</u> in. to <u>23</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>280</u>		
				10. Screen: Manufacturer's name <u>Certainfeed</u> Type <u>pvc</u> Dia. <u>3/16</u> Slot/gauge <u>3/16</u> Length <u>10'</u> Set between <u>13</u> ft. and <u>23</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>12 3/4 1/8</u>		
				11. Static water level: <u>8</u> ft. below land surface Date <u>6-24-77</u> mo./day/yr.		
				12. Pumping level below land surfaces: <u>NA</u> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.		
				13. Water sample submitted: <u>X</u> Yes <input type="checkbox"/> No Date <u>6-24-77</u> mo./day/yr.		
				14. Well head completion: <input type="checkbox"/> Pitless adapter ____ 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>1400</u> Direction <u>SE</u> Type <u>CONCRETE</u> Well disinfected upon completion? <u>#11</u> Yes <input type="checkbox"/> No		
				17. Pump: <input 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		
(Use a second sheet if needed)						
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>#7 is 200' North of well #5</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>Brennan's Sons</u> License No. <u>134</u> Business name <u>Shurt Land Ks 67550</u> Address <u>Larned, Ks</u> Signed <u>Brennan's Sons</u> Date <u>6-24-77</u> Authorized representative				

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

Form WWC-5