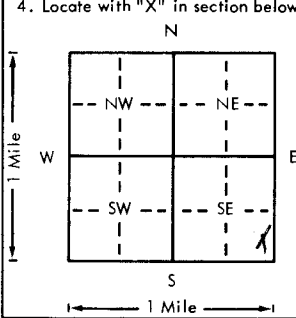


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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: <i>Peruville</i>		County: <i>Peruville</i>		Fraction: <i>SE 1/4 SE 1/4 SE 1/4</i>		Section number: <i>34</i>		Township number: <i>T 23 S</i>		Range number: <i>R 18 E</i>	
2. Distance and direction from nearest town or city: <i>Garfield</i> <i>1 mile SOUTH 3 1/2 WEST SOUTH</i> Street address of well location if in city: <i>IN PASTURE</i>						3. Owner of well: <i>Huskey Delg</i> R.R. or street: City, state, zip code: <i>Winifred KS</i>					
4. Locate with "X" in section below: 						Sketch map: 6. Bore hole dia. <i>7</i> in. Completion date: <i>10-4-78</i> Well depth <i>57</i> ft.					
5. Type and color of material						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 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 <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>278-3</i> lbs./ft. Dia. <i>5</i> in. to <i>57</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200</i>					
						10. Screen: Manufacturer's name <i>Peerless Mfg</i> Type <i>Saw</i> Dia. <i>5</i> Slot/gauze <i>1/4</i> Length <i>20</i> Set between <i>57</i> ft. and <i>37</i> ft. ft. and <i>37</i> ft. Gravel pack? <i>yes</i> Size range of material <i>1/4-1/8</i>					
						11. Static water level: <i>17</i> ft. below land surface Date <i>10-4-78</i>					
						12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.					
						13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>					
						14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> Inches above grade					
						15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.					
						16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No					
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. <i>Myers Water Well</i> <i>143</i> Business name License No. Address <i>Great Bend KS</i> Signed <i>Delroy Rosenbuhl</i> Date <i>10-4</i> 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