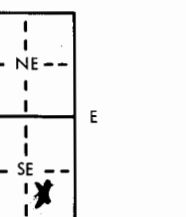


USE TYPEWRITER OR BALL  
POINT PEN—PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82g-1201-1215

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

1. Location of well:		County <b>Harvey</b>	Fraction <b>1/4 SE 1/4 SE 1/4</b>	Section number <b>35</b>	Township number <b>T 23 S</b>	Range number <b>R 2W E/W</b>
2. Distance and direction from nearest town or city: <b>402 Spruce</b> Street address of well location if in city: <b>Halstead, Kansas</b>			3. Owner of well: <b>Donna Deboyich &amp; Ruby Hall</b> R.R. or street: <b>402 Spruce</b> City, state, zip code: <b>Halstead, Kansas</b>			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		6. Bore hole dia. <b>11</b> in. Completion date _____ Well depth <b>55</b> ft. <b>10-25-78</b>	
5. Type and color of material			From	To	7. 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	
Topsoil			0	3	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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Clay			3	28	9. Casing: Material <b>Styrene</b> Height: Above or below _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>55</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <b>200</b>	
Fine to medium sand			28	55	10. Screen: Manufacturer's name _____ <b>Sunflower plastic</b> Type <b>styrene</b> Dia. <b>5"</b> Slot/groove <b>.06</b> Length <b>15'</b> Set between <b>40</b> ft. and <b>55</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8"</b>	
					11. Static water level: _____ mo./day/yr. <b>20</b> ft. below land surface Date <b>10-25-78</b>	
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
					14. Well head completion: _____ well seal <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
					15. Well grouted? <b>yes</b> <b>1-2</b> fine sand mix With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>40"</b> ft. to <b>14</b> ft.	
					16. Nearest source of possible contamination: <b>City</b> ft. <b>50</b> Direction <b>South</b> Type <b>Sewer</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: _____ Not installed Manufacturer's name <b>Jacuzzi</b> Model number <b>7S4C</b> HP <b>3/4</b> Volts <b>230</b> Length of drop pipe <b>30</b> ft. capacity <b>18</b> g.p.m. Type: <input checked="" 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: <b>Flat ground</b>			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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. <b>Harp Well &amp; Pump</b> <b>236</b> Business name <b>Wichita, Kansas</b> License No. <b>67209</b> Address <b>M. Arnold</b> Date <b>10-25-78</b> Signed <b>M. Arnold</b> Authorized representative			

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

Form WWC-5