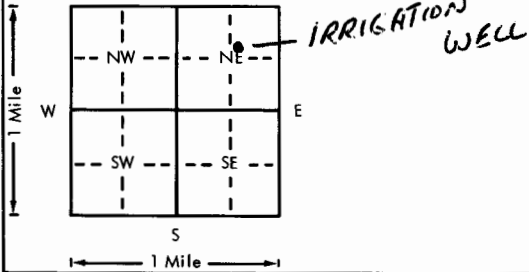


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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<br><b>HARVEY</b> | Fraction<br><b>NE</b><br><b>SW 1/4 SE 1/4 NE 1/4</b> | Section number<br><b>21</b>   | Township number<br><b>T 23</b> | Range number<br><b>S R 3</b> | <b>(W)</b> |
| 2. Distance and direction from nearest town or city: <b>1E 1/2 N</b><br>Street address of well location if in city: <b>BURTON, KS.</b>  |  |                         |  | 3. Owner of well: <b>CLAYTON KAUFMAN</b><br>R.R. or street: <b>401 NORMANY RD</b><br>City, state, zip code: <b>NEWTON, KS 67114</b>   |                                |                              |            |
| 4. Locate with "X" in section below:<br>Sketch map:<br> |  |                         |  | 6. Bore hole dia. <b>30</b> in. Completion date <b>JUN-26-77</b><br>Well depth <b>179</b> ft.   |                                |                              |            |
| 5. Type and color of material   |  |                         |  | 7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary  |                                |                              |            |
|   |  |                         |  | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other  |                                |                              |            |
|   |  |                         |  | 9. Casing: Material <b>TRANSITE</b> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>32</b> lbs./ft.<br>Dia. <b>16</b> in. to <b>172</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>175 IN</b>   |                                |                              |            |
|   |  |                         |  | 10. Screen: Manufacturer's name<br><b>AURORA TILE COMPANY</b><br>Type <b>TRANSITE</b> Dia. <b>16" I.D.</b><br>Slot/gauze <b>28 IN</b> Length <b>46 ft</b><br>Set between <b>133</b> ft. and <b>179</b> ft.<br><input type="checkbox"/> ft. and <input type="checkbox"/> ft.<br>Gravel pack? <b>YES</b> Size range of material <b>4 IN</b>   |                                |                              |            |
|   |  |                         |  | 11. Static water level: <input type="checkbox"/> mo./day/yr.<br><b>24</b> ft. below land surface Date <b>6-30-77</b>  |                                |                              |            |
| (Use a second sheet if needed)  |  |                         |  | 12. Pumping level below land surfaces:<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br>Estimated maximum yield <b>1000</b> g.p.m.  |                                |                              |            |
|   |  |                         |  | 13. Water sample submitted: <input type="checkbox"/> mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>   |                                |                              |            |
|   |  |                         |  | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>12"</b> inches above grade   |                                |                              |            |
|   |  |                         |  | 15. Well grouted? <b>YES</b> <b>PURPLE CLAY</b><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.   |                                |                              |            |
|   |  |                         |  | 16. Nearest source of possible contamination:<br><b>0.202</b> Direction <b>E</b> Type <b>FEELT</b><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                |                              |            |
|   |  |                         |  | 17. Pump:<br>Not installed<br>Manufacturer's name <b>WESTERN LAND ROLLER</b><br>Model number <b>8M</b> HP <b>60</b> Volts <input type="checkbox"/><br>Length of drop pipe <b>110</b> ft. capacity <b>1200</b> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                |                              |            |
|   |  |                         |  | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report<br>is true to the best of my knowledge and belief.<br><b>PETERSON IRRIGATION</b> <b>138A</b><br>Business name License No.<br>Address <b>BOX 152 LINDSBURG, KS</b><br>Signed <b>Mike Peterson</b> Date <b>7-25-77</b><br>Authorized representative   |                                |                              |            |
|   |  |                         |  | 18. Elevation:  |                                |                              |            |
|   |  |                         |  | 19. Remarks:  |                                |                              |            |
|   |  |                         |  | Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley   |                                |                              |            |