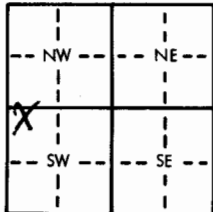


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <u>Reno</u>	Fraction <u>NW 1/4 NW 1/4 SW 1/4</u>	Section number <u>11</u>	Township number <u>T 23 S</u>	Range number <u>R 5 E</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <u>Tucker Agency</u> R.R. or street: <u>1329 E 4th</u> City, state, zip code: <u>Hutchinson, Ks. 67501</u>		
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W  E S 1 Mile</div>				Sketch map:		
5. Type and color of material				6. Bore hole dia. <u>10</u> in. Completion date <u>4-21-76</u> Well depth <u>28</u> ft.		
				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 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		
				9. Casing: Material <u>Plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.75</u> lbs./ft. Dia. <u>6</u> in. to <u>28</u> ft. depth Wall Thickness: inches or Dia. <u>6</u> in. to <u>28</u> ft. depth gage No. <u>200</u>		
				10. Screen: Manufacturer's name <u>Jess + Lowell</u> Type <u>RMP</u> Dia. <u>6"</u> Slot/auze <u>3/32"</u> Length <u>7'</u> Set between <u>21</u> ft. and <u>28</u> ft. ft. and <u>28</u> ft. Gravel pack? <u>yes</u> Size range of material <u>E-5"</u>		
				11. Static water level: <u>20</u> ft. below land surface Date <u>4-21-76</u> mo./day/yr.		
				12. Pumping level below land surfaces: <u>21</u> ft. after <u>1</u> hrs. pumping <u>18</u> g.p.m. <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. Estimated maximum yield <u>40</u> g.p.m.		
				13. Water sample submitted: <u>      </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>      </u>		
				14. Well head completion: <u>      </u> Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <u>yes</u> 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>60</u> Direction <u>SE</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				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: <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: <u>Former Reno Co. Sanitary</u> <u>landfill location approx 300'</u> <u>west of well.</u>				
Topography: <input checked="" type="checkbox"/> Hill <input checked="" 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. <u>Miller Water Well Serv. 137</u> Business name <u>Hutchinson, Ks.</u> License No. <u>      </u> Address <u>      </u> Signed <u>Joe Miller</u> Date <u>6-15-76</u> Authorized representative				

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

Form WWC-5