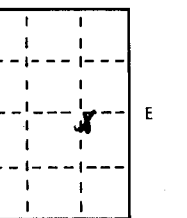


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T		R		EW		sec	1/4	1/4	1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Reno</b>	Township name <b>clay</b>	Fraction <b>NWNESE</b>	Section number <b>11</b>	Town number <b>T-235</b>	Range number <b>RSW</b>
Distance and direction from nearest town or city: <b><math>\frac{3}{4}</math> mi. E of Hutchinson, Ks</b>				3 Owner of well: <b>Charles Easton</b> Address: <b>RT 3 Hutchinson, Ks.</b>		
Locate with "X" in section below: N  S 1 Mile		Sketch map:		4 Well depth: <b>125</b> ft. Date of completion <b>7-29-77</b> Well diameter <b>2 1/2</b> in. To <b>40'</b> S: <b>40'</b> 5 <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 6 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"/> Commercial <input type="checkbox"/> Test well _____ 7 Casing: Material <b>RMP</b> Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>22</b> in. Diam. _____ Weight <b>208</b> lbs./ft. <b>G</b> in. to <b>40</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
2 Type and color of material				From	To	8 Screen: Manufacturer <b>NONE used</b> Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
<b>Sandy topsoil</b>				<b>0</b>	<b>2</b>	9 Static water level: <b>23</b> ft. below land surface Date <b>7-29-77</b> 10 Pumping level below land surfaces: <b>100</b> ft. after <b>1/2</b> hrs. pumping <b>12</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>12</b> g.p.m. 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ 12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade <b>12"</b> 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft. 14 Nearest source of possible contamination: ft. <b>30</b> Direction <b>E</b> Type <b>Cree</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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 _____
<b>Sand</b>				<b>2</b>	<b>8</b>	
<b>Sand mixed with clay</b>				<b>8</b>	<b>19</b>	
<b>Yellow clay</b>				<b>19</b>	<b>40</b>	
<b>Red &amp; blue shale</b>				<b>40</b>	<b>125</b>	
(use a second sheet if needed)						16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley
						17 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>Miller Waterwell 137</b> Business name _____ License No. _____ Address: <b>Hutchinson, Ks.</b> Signed: <b>[Signature]</b> Date <b>8-4-</b>

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5