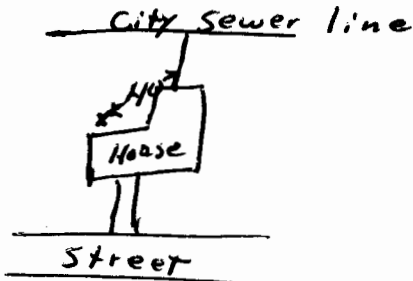


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Reno</b>	Fraction <b>SE 1/4 NE 1/4 SW 1/4</b>	Section number <b>25</b>	Township number <b>T 23 S R 6</b>	Range number <b>EW</b>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>34 Williams S. Hutchinson, KS</b>			3. Owner of well: <b>Mike Hildebrand</b> R.R. or street: <b>34 Williams</b> City, state, zip code: <b>S Hutch, KS 67505</b>				
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. <b>10</b> in. Completion date <b>9-13-79</b> Well depth <b>34</b> ft.			
5. Type and color of material		From	To	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			
<b>Br Clay</b>		<b>0</b>	<b>9</b>	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			
<b>Light Gr Clay</b>		<b>9</b>	<b>15</b>	9. Casing: Material <b>PVC</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>3.58</b> lbs./ft. Dia. <b>6</b> in. to <b>34</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>280</b>			
<b>F+C Sand</b>		<b>15</b>	<b>39</b>	10. Screen: Manufacturer's name <b>Pumpco</b> Type <b>PVC</b> Dia. <b>6"</b> <input checked="" type="checkbox"/> Slot gauze <b>.030</b> Length <b>10'</b> Set between <b>24</b> ft. and <b>34</b> ft. ft. and ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>F- 1/2</b>			
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>16</b> ft. below land surface Date <b>9-13-79</b>			
				12. Pumping level below land surfaces: <b>18</b> ft. after <b>1</b> hrs. pumping <b>20</b> g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield <b>35</b> g.p.m.			
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date			
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade			
				15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.			
				16. Nearest source of possible contamination: ft. <b>40</b> Direction <b>NE</b> Type <b>sewer</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number HP Volts Length of drop pipe ft. capacity 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:					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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>Miller Water Well 382</b> Business name <b>Hutch, KS</b> License No. Address <b>S Hutch, KS</b> Signed <b>Egan Miller</b> Date <b>9-4-80</b> Authorized representative					

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

Form WW-C-5