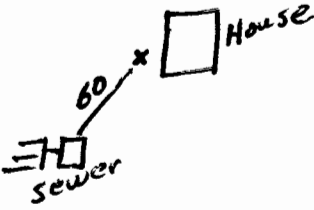


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>SW 1/4 SE 1/4 SW 1/4</b>	Section number <b>27</b>	Township number <b>T 23 S R 6 EW</b>	Range number <b>6</b>
2. Distance and direction from nearest town or city: <b>1 mi S, 3/4 W</b>		3. Owner of well: <b>Harold Walters</b>		R.R. or street: <b>RR 1</b>		
Street address of well location if in city: <b>S. Hutchinson, KS</b>		City, state, zip code: <b>Hutchinson, KS 67501</b>				
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <b>10</b> in. Completion date <b>8-16-77</b> Well depth <b>53</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>Black silt</b>		<b>0</b>	<b>5</b>	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		
<b>Brown clay</b>		<b>5</b>	<b>19</b>	9. Casing: Material <b>PVC</b> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <b>1.95</b> lbs./ft. Dia. <b>6</b> in. to <b>53</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>200</b>		
<b>Soft whitish Brown clay</b>		<b>19</b>	<b>21</b>	10. Screen: Manufacturer's name <b>J+L</b> Type <b>RMP</b> Dia. <b>6</b> Slot gauge <b>.060</b> Length <b>10'</b> Set between <b>43</b> ft. and <b>53</b> ft. ft. and ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>F-1/2</b>		
<b>Brown clay</b>		<b>21</b>	<b>25</b>	11. Static water level: mo./day/yr. <b>26</b> ft. below land surface Date <b>8-16-77</b>		
<b>Sand - Fine &amp; coarse</b>		<b>25</b>	<b>40</b>	12. Pumping level below land surfaces: <b>29</b> ft. after <b>1</b> hrs. pumping <b>25</b> g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield <b>40</b> g.p.m.		
<b>light gray clay</b>		<b>40</b>	<b>43</b>	13. Water sample submitted: mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
<b>coarse sand</b>		<b>43</b>	<b>56</b>	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>2</b> ft. to <b>13</b> ft.		
				16. Nearest source of possible contamination: ft. <b>60</b> Direction <b>SW</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:		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</b> <b>137</b> Business name License No. Address <b>Hutchinson, KS</b> Signed <b>Joe Miller</b> <b>6-15-78</b> Authorized representative Date		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5