

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

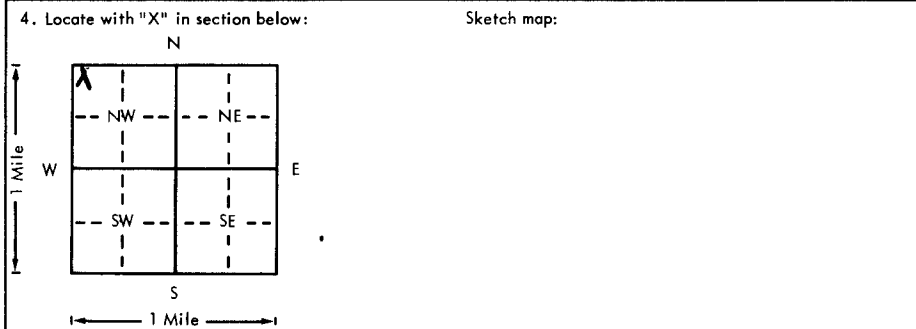
WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

*Henry #1*

1. Location of well: County Edwards Fraction NW 1/4 NW 1/4 NW 1/4 Section number 14 Township number T 24 S 17 E/W Range number 17

2. Distance and direction from nearest town or city: 3 West to North Belvue 3. Owner of well: Henry & Henry Co  
Street address of well location if in city: \_\_\_\_\_ R.R. or street: \_\_\_\_\_  
City, state, zip code: Henry, Kans



6. Bore hole dia. 9 in. Completion date 3-28-78  
Well depth 60 ft.

7.  Cable tool  Rotary  Driven  Dug  
 Hollow rod  Jetted  Bored  Reverse rotary

8. Use:  Domestic  Public supply  Industry  
 Irrigation  Air conditioning  Stock  
 Lawn  Oil field water  Other

9. Casing: Material  Height: Above or below  
Threaded  Welded  Surface 12 in.  
RMP  PVC  Weight 287.3 lbs./ft.  
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or  
Dia.  in. to  ft. depth gage No. 200

5. Type and color of material

	From	To
<u>Clay</u>	<u>0</u>	<u>21</u>
<u>Sand</u>	<u>21</u>	<u>30</u>
<u>Clay</u>	<u>30</u>	<u>40</u>
<u>gravel</u>	<u>40</u>	<u>60</u>

10. Screen: Manufacturer's name Slip Made  
Type Slip Dia. 5  
Slot 1/8 Length 20  
Set between 1/8 ft. and 1/8 ft.  
1/8 ft. and 60 ft.  
Gravel pack?  Size range of material 1/8

11. Static water level: \_\_\_\_\_ mo./day/yr.  
21 ft. below land surface Date 3-28-78

12. Pumping level below land surfaces:  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.  
Estimated maximum yield 100 g.p.m.

13. Water sample submitted: \_\_\_\_\_ mo./day/yr.  
 Yes  No Date \_\_\_\_\_

14. Well head completion:  
 Pitless adapter \_\_\_\_\_ Inches above grade  
 Well grouted?   
With:  Neat cement  Bentonite  Concrete  
Depth: From 0 ft. to 30 ft.

16. Nearest source of possible contamination:  
ft. \_\_\_\_\_ Direction \_\_\_\_\_ Type \_\_\_\_\_  
Well disinfected upon completion?  Yes  No

17. Pump:  Not installed  
Manufacturer's name \_\_\_\_\_  
Model number \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_  
Length of drop pipe \_\_\_\_\_ ft. capacity \_\_\_\_\_ g.p.m.  
Type:  
 Submersible  Turbine  
 Jet  Reciprocating  
 Centrifugal  Other

18. Elevation: \_\_\_\_\_

19. Remarks: \_\_\_\_\_

Topography:  
 Hill  
 Slope  
 Upland  
 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.  
*Myers Water Well Service*  
Business name \_\_\_\_\_ License No. 143  
Address \_\_\_\_\_  
Signed Steve Myers Date \_\_\_\_\_  
Authorized representative

T 24 R 17 E Sec 14 NW 1/4 NE 1/4

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

Form WWC-5  
3-28-78