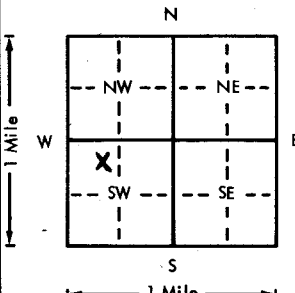


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Kearny	Fraction NE 1/4 NW 1/4 SW 1/4	Section number 21	Township number T 24	Range number S R 35	(EW)		
2. Distance and direction from nearest town or city: 5 mi. SW of Deerfield Street address of well location if in city:			3. Owner of well: Jim Dale R.R. or street: Deerfield, KS 67838 City, state, zip code:					
4. Locate with "X" in section below: <div style="text-align: center;">  </div>			Sketch map:		6. Bore hole dia. 9 7/8 in. Completion date 1-25-77 Well depth 54 ft.			
5. Type and color of material See attachment			From		To		7. <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	
							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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
							9. Casing: Material Plastic Height Above or below Threading Glued Welded <input type="checkbox"/> Surface 12 in. RMP 5 pvc <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. .265	
							10. Screen: Manufacturer's name Jet Stream Type Slotted Dia. 5" Slot/gauze .040 Length 20' Set between 54 ft. and 34 ft. _____ ft. and _____ ft. Gravel pack? Yes Size range of material 1/2 x 1/8	
							11. Static water level Not pumped mo./day/yr. _____ ft. below land surface Date _____	
							12. Pumping level below land surfaces: NOT pumped _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
							13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
							14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ inches above grade	
							15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
							16. Nearest source of possible contamination: 1000 ft. Direction N Type River 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)			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. Henkle Drlg. & Supply 145 Business name _____ License No. _____ Address Box 639 Garden City, KS Signed <i>Jim Henkle</i> Date 2-23-77 Authorized representative					
8. Elevation: Flat	19. Remarks:							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley								

Give one white, one blue and one pink copy to the Department of Health and Environment

Form WWC-5

24 2/7 E
 35 W
 21 NE
 1/4 NW
 1/4 SW

