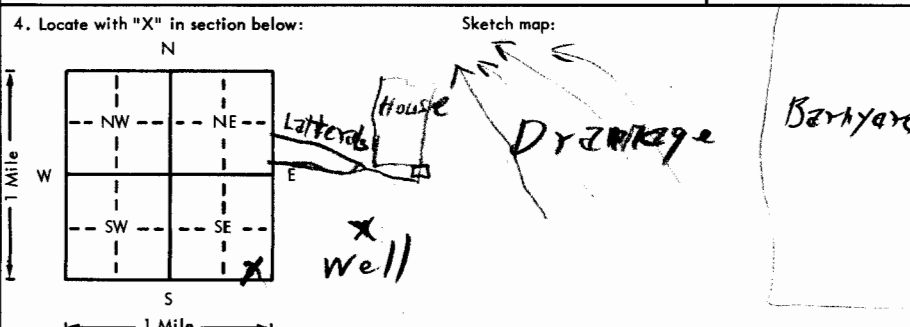


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Kearny</u>		Fraction <u>SE 1/4 SE 1/4</u> 1/4 1/4 1/4		Section number <u>28</u>		Township number <u>T 24 S R 37 E M</u>		Range number	
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <u>Jack Clark</u> R.R. or street: City, state, zip code: <u>Levin KS 67860</u>					
4. Locate with "X" in section below: 				6. Bore hole dia. <u>10</u> in. Completion date <u>2-28-76</u> Well depth <u>330</u> ft.					
5. Type and color of material				From		To		7. 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 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	
Brown clay				0		20		9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Dia. <u>5</u> in. to <u>330</u> ft. depth Wall Thickness: inches or Dia. <u>0.320</u> in. to <u>0.320</u> ft. depth gage No. <u>0320</u>	
sand & white gyp				20		40		10. Screen: Manufacturer's name <u>JESS-LOWELL</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>1/16</u> Length <u>10</u> Set between <u>200</u> ft. and <u>220</u> ft. <u>290</u> ft. and <u>330</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/16</u>	
sand & gravel				40		100		11. Static water level: <u>176</u> ft. below land surface Date <u>2-18-76</u> mo./day/yr.	
sandy clay (brown)				100		160		12. Pumping level below land surfaces: <u>290</u> ft. after <u>2</u> hrs. pumping <u>30</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.	
sand & gravel (clay streaks)				160		200		13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
sandy clay, fine sand & shale at 239				200		240		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade	
shale				240		290		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>200</u> ft. to <u>180</u> ft.	
sandstone (white to brown)				290		330		16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>W</u> Type <u>barnyard</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
shale				330		340		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: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>Well head completion &amp; pump installed by owner. Owner agrees he understands the regulations.</u>  <u>Jack Clark</u>						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. <u>8136</u> <u>High Plains Drilling</u> Business name _____ License No. _____ Address <u>302 N 3rd</u> Signed <u>Austin D. Kuthan</u> Date <u>3-16-76</u> Authorized representative	

T 24 S R 37 E M 28 SE SE SE

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

Form WWC-5