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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

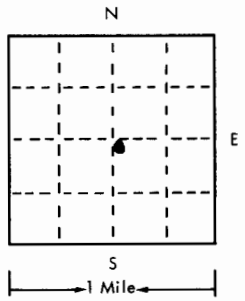
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sedg.	Valley Center	NW NW SW	36	25S	1W.

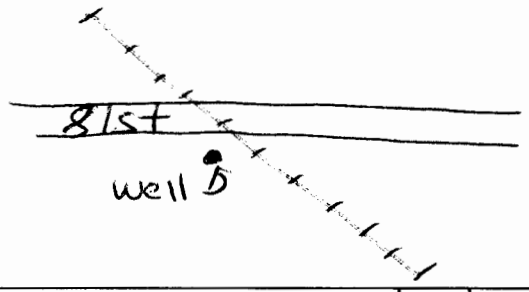
Distance and direction from nearest town or city: 1/2 mile West Valley Ctr. Ks.
Street address of well location if in city:

3 Owner of well: Doyal Hampton
Address: 530 W 2nd. Valley Center Ks.

Locate with "X" in section below:



Sketch map:



4 Well depth: 50 ft. Date of completion 2/14
Well diameter 5 in.

5 ☐ Cable tool ☑ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☑ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

7 Casing: Material RMP Height: above/below
Threaded ☐ Welded ☑ Surface 12 in.
Diam. 5 in. to 50 ft. depth Weight 150 lbs./ft. 1.00
Drive shoe? ☐ Yes ☑ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top Soil to 16'		
fine gravel 16' to 26'		
course gravel 26' to 50'		
Well (NEW) dug first building to be built over well site.		
Customer to cement top 10 foot and concrete slab		

(use a second sheet if needed)

8 Screen:
Manufacturer Jesse V Lowell
Type plastic Dia. 5
Slot/gauze .18 Length 10
Set between 40 ft. and 50 ft.
Fittings:
Gravel pack ☑ Yes ☐ No Size range of material 3/8

9 Stotic water level:
16 ft. below land surface Date 2/14

10 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.

11 Water sample submitted:
☐ Yes ☑ No Date ___

12 Well head completion:
☐ Pitless adapter ☑ 12 inches above grade

13 Well grouted? ☑ Yes ☐ No Concrete
☐ Neat cement ☐ Bentonite
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 450 Direction W Type Stables MNC
Well disinfected upon completion? ☑ Yes ☐ No

15 Pump: ☑ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevotion

Topography:
☐ Hill
☐ Slope
☑ Upland
☐ Valley

17 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.
Business name Wenger Drilling 318 License No.
Address R 1 Box 154 Colwich
Signature _____ Date 2/14
Authorized representative

25 1W 36 NW NW SW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H