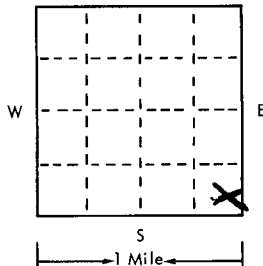


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

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

1 Location of well:	County <u>Sedg.</u>	Township name <u>GREELEY</u>	Fraction <u>SE 1/4</u>	Section number <u>18</u>	Town number <u>255</u>	Range number <u>3 W</u>
Distance and direction from nearest town or city: <u>1 mile W MT HOPE KS.</u>				3 Owner of well: <u>JACK HEFLING.</u>		
Street address of well location if in city:				Address: <u>MT. HOPE KS</u>		
Locate with "X" in section below: N 		Sketch map: <u>NEW RESIDENCE</u>		4 Well depth: <u>65</u> ft. Date of completion <u>5/19</u> Well diameter <u>5</u> in.		
2 Type and color of material		From		To		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 <u>plastic</u> Height: above ground <u>18</u> in. Threading ☐ Welded ☒ Surface <u>18</u> in. Diam. <u>5</u> in. Weight <u>150</u> lbs./ft. <u>100</u> <u>5</u> in. to <u>65</u> ft. depth Drive shoe? ☐ Yes ☒ No
						8 Screen: <u>Jesse & Lowell</u> Manufacturer <u>plastic</u> Dia. <u>5</u> Slot/gauze <u>10</u> ft. Length <u>10</u> ft. Set between <u>35</u> ft. and <u>65</u> ft. Fittings: <u>3/4</u> Gravel pack ☒ Yes ☐ No Size range of material <u>3/4</u>
						9 Static water level: <u>15</u> ft. below land surface Date <u>5/19</u>
Customer to finish 4x4 slab on top well because he building shed over well.						10 Pumping level below land surfaces: ____ ft. above land surface ____ g.p.m. ____ ft. below land surface ____ g.p.m. Estimated maximum yield <u>100</u> g.p.m.
						11 Water sample submitted: ☐ Yes ☒ No Date ____
						12 Well head completion: ☐ Pitless adapter <u>18</u> inches above grade
						13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ Depth: From <u>3</u> ft. to <u>13</u> ft.
						14 Nearest source of possible contamination: ft. ____ Direction <u>NONE</u> Type ____ Well disinfected upon completion? ☒ Yes ☐ No
16 Remarks: elevation <u>upland</u> Topography: ☐ Hill ☐ Slope ☒ Upland ☐ Valley						15 Pump: Manufacturer's name <u>Valley</u> Model number <u>18PN</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>45</u> ft. capacity <u>18</u> g.p.m. Type: ☒ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other
						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. <u>WENINGER</u> <u>Rel 238A</u> Business name <u>MAIZE KS</u> License No. ____ Address <u>Maize KS</u> Signature <u>James Weninger</u> Date <u>5/19/15</u> Authorized representative

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

Form WWC-5