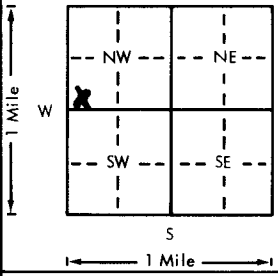


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 820-1201-1215

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

1. Location of well: County <u>Edwards</u> Fraction <u>SW 1/4 SW 1/4 NW 1/4</u> Section number <u>13</u> Township number <u>26</u> Range number <u>17</u> <u>EW</u>	
2. Distance and direction from nearest town or city: <u>2 1/2 S. 2 E Fellsburg Kansas</u>	
3. Owner of well: <u>Kenny Keen</u> R.R. or street: <u>Fellsburg Kans.</u> City, state, zip code: <u>Fellsburg Kans.</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
6. Bore hole dia. <u>8 3/4</u> in. Completion date <u>10-28-77</u> Well depth <u>60 3/4</u> ft.	
7. <input checked="" 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 <u>PL</u> Height <u>0</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>—</u> lbs./ft. Dia. <u>5</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. <u>—</u> in. to <u>—</u> ft. depth gauge No. <u>200</u>	
10. Screen: Manufacturer's name <u>SunFlores</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>40</u> ft. and <u>60</u> ft. Gravel pack? <u>Yes</u> size range of material <u>1/8-1/2</u>	
11. Static water level: <u>24</u> ft. below land surface Date <u>—</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>24</u> ft. after <u>0</u> hrs. pumping <u>—</u> g.p.m. <u>—</u> ft. after <u>—</u> hrs. pumping <u>—</u> g.p.m. Estimated maximum yield <u>40</u> g.p.m.	
13. Water sample submitted: <u>—</u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>—</u>	
14. Well head completion: <u>24</u> inches above grade <input type="checkbox"/> Pitless adapter	
15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u>Cattle</u> ft. <u>—</u> Direction <u>—</u> type <u>—</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>—</u> Model number <u>—</u> HP <u>—</u> Volts <u>—</u> Length of drop pipe <u>—</u> ft. capacity <u>—</u> 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 type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: 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>Carl Kays</u> Business name <u>—</u> License No. <u>—</u> Address <u>—</u> City <u>—</u> State <u>—</u> Zip <u>—</u> Signature <u>Carl Kays</u> Date <u>10-28-77</u> Authorized representative

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

Form WWC-5