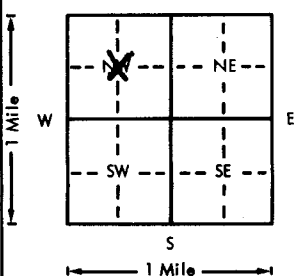


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 KIOWA	Fraction NW 1/4 1/4 1/4	Section number 25	Township number T 27 S R 17 X W	Range number		
2. Distance and direction from nearest town or city: 4 miles North 2 West of Haviland Street address of well location if in city:			3. Owner of well: Ronald Taylor R.R. or street: Haviland, Kansas City, state, zip code:					
4. Locate with "X" in section below: 			Sketch map: Well No. 3 (TH 4-76)		6. Bore hole dia. <u>30</u> in. Completion date <u>4/28/76</u> Well depth <u>207</u> ft. <u>March 28, 1976</u>			
5. Type and color of material			From	To	7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary			
			Fine sand		0	18	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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	
			Fine sand & clay		18	71	9. Casing: Material <u>Stl.</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>36.91</u> lbs./ft. Dia. <u>16</u> in. to <u>147</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <u>219</u>	
			Med. to coarse sand & gravel		71	95	10. Screen: Manufacturer's name <u>Doerr</u> <u>Metal Products</u> Type <u>Stl.</u> Dia. <u>16"</u> Slot/gauze <u>1/8</u> Length <u>60'</u> Set between <u>147</u> ft. and <u>207</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8x1/2</u>	
			Clay		95	108	11. Static water level: <input type="checkbox"/> mo./day/yr. <u>60</u> ft. below land surface Date <u>4/23/76</u>	
			Med. to coarse sand & gravel		108	206	12. Pumping level below land surfaces: <u>28.25</u> ft. after <u>2</u> hrs. pumping <u>1100</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>2000</u> g.p.m.	
			Blue shale		206	210	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>	
							14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
							15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
							16. Nearest source of possible contamination: ft. <u>7500</u> Direction <u>North</u> Type <u>Farm</u> Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Layne</u> Model number <u>12RH</u> HP <u>80</u> Volts <input type="checkbox"/> Length of drop pipe <u>100</u> ft. capacity <u>1100</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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:		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>Layne Western Co.</u> <u>102</u> Business name <u>Wichita, Ks</u> License No. <u>1/4 1/4 N 2/4</u> Address <u>1012 1/2</u> Signed <u>[Signature]</u> Date <u>4/23/76</u> Authorized representative				

27
 12
 25
 1/4 1/4 N 2/4

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

Form WWC-5