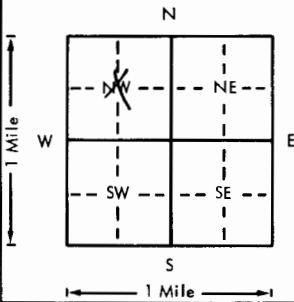


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Nowata</u>		Fraction <u>1/4 C 1/4 NW 1/4</u>	Section number <u>1</u>	Township number <u>T 27 S</u>	Range number <u>R 19 E/W</u>
2. Distance and direction from nearest town or city: 4 1/2 mi <u>8 1/2 mi 2 1/2 W of Greenburg</u> Street address of well location if in city:			3. Owner of well: <u>Vernon Dennis</u> R.R. or street: City, state, zip code: <u>Kingston, KS</u>		
4. Locate with "X" in section below: 		Sketch map:		6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>7-10-75</u> Well depth <u>172</u> ft.	
5. Type and color of material		From	To	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	
<u>Sandy top soil</u>		<u>0</u>	<u>5</u>	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	
<u>Brown + gray clay</u>		<u>5</u>	<u>16</u>	9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>1 1/2</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia <u>1 1/2</u> in. to <u>1 1/2</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>292</u>	
<u>fine sand + sandy clay</u>		<u>16</u>	<u>25</u>	10. Screen: Manufacturer's name <u>Dennis</u> Type <u>slot</u> Dia. <u>1 1/2</u> Slot/gauge <u>3/16</u> Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft.	
<u>sand + gravel clean + coarse</u>		<u>25</u>	<u>41</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>	
<u>sandy brown clay + fine sand</u>		<u>41</u>	<u>46</u>	11. Static water level: _____ mo./day/yr. <u>39</u> ft. below land surface Date <u>6-5-75</u>	
<u>sand + gravel, clean coarse loose</u>		<u>46</u>	<u>72</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping <u>NA</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
<u>brown + white clay</u>		<u>72</u>	<u>76</u>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>6-5-75</u>	
<u>sand + gravel clean coarse loose</u>		<u>76</u>	<u>90</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
<u>brown + white clay</u>		<u>80</u>	<u>97</u>	15. Well grouted? <input checked="" type="checkbox"/> 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.	
<u>sand + gravel clean coarse loose</u>		<u>97</u>	<u>110</u>	16. Nearest source of possible contamination: ft. <u>1 1/4</u> Direction <u>NE</u> Type <u>Coil</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Hard white rock</u>		<u>110</u>	<u>110 1/2</u>	17. Pump: Manufacturer's name <u>Instant</u> Nat installed Model number <u>4-111</u> HP <u>80</u> Volts _____ Length of drop pipe <u>80</u> ft. capacity <u>200</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	
<u>Brown sandy clay</u>		<u>110 1/2</u>	<u>117</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>Rasmussen-Beris 134</u> Business name _____ License No. _____ Address <u>Great Bend, KS</u> Signed <u>Ernie Risher</u> Date <u>9/14/75</u> Authorized representative	
<u>fine sand + clay</u>		<u>117</u>	<u>138</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>Rasmussen-Beris 134</u> Business name _____ License No. _____ Address <u>Great Bend, KS</u> Signed <u>Ernie Risher</u> Date <u>9/14/75</u> Authorized representative	
<u>Hard white rock</u>		<u>138</u>	<u>139 1/2</u>		
<u>gray clay + white rock</u>		<u>139 1/2</u>	<u>148</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>Rasmussen-Beris 134</u> Business name _____ License No. _____ Address <u>Great Bend, KS</u> Signed <u>Ernie Risher</u> Date <u>9/14/75</u> Authorized representative	
<u>fine sand + clay</u>		<u>148</u>	<u>155</u>		
<u>fine sand + gravel</u> <small>(Use a suitable shoe if needed)</small>		<u>155</u>	<u>164</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>Rasmussen-Beris 134</u> Business name _____ License No. _____ Address <u>Great Bend, KS</u> Signed <u>Ernie Risher</u> Date <u>9/14/75</u> Authorized representative	
<u>yellow brown light gray clay</u>		<u>164</u>	<u>172</u>		
18. Elevation: _____ Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>Not grouted</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>Rasmussen-Beris 134</u> Business name _____ License No. _____ Address <u>Great Bend, KS</u> Signed <u>Ernie Risher</u> Date <u>9/14/75</u> Authorized representative	
<u>yellow brown light gray clay</u>		<u>172</u>	<u>175</u>		

22 19 1-1-1
 T R M Sec
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5