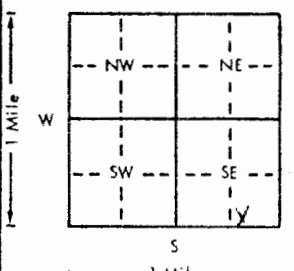


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Waskell</u>	Fraction: <u>SW 1/4 SE 1/4 SE 1/4</u>	Section number: <u>22</u>	Township number: <u>T 27 S</u>	Range number: <u>R 31 EW</u>
2. Distance and direction from nearest town or city: <u>7 1/2 E Sublette 1 3/4 E</u> Street address of well location if in city:			3. Owner of well: <u>Jay Kleysteuber</u> R.R. or street: <u>Rt 1 Box 45</u> City, state, zip code: <u>Copeland, Kansas</u>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>9</u> in. Completion date <u>9/15/80</u> Well depth <u>300</u> ft.		
5. Type and color of material			7. <input 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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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		
From To			9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>14</u> in. RMP <input type="checkbox"/> PVC <u>galled</u> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>24</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <u>0258</u>		
			10. Screen: Manufacturer's name _____ <u>Peerless</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>60'</u> Set between <u>240</u> ft. and <u>300</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8</u>		
overburden			11. Static water level: _____ mo./day/yr. <u>125</u> ft. below land surface Date <u>9/15/80</u>		
medium to coarse sand			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.		
Coarse sand + clay			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <u>14</u> inches above grade		
			15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.		
			16. Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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: <u>16. drilled in field-new building site</u> <u>17. Pump to be installed by Dunham Drilling-Copeland Kansas</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>FW WATERWELL SERVICE 142</u> Business name _____ License No. _____ Address <u>Box 816 Liberal KS 67011</u> Signed <u>[Signature]</u> Date <u>9/15/80</u> Authorized representative		

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

Form WWC-5