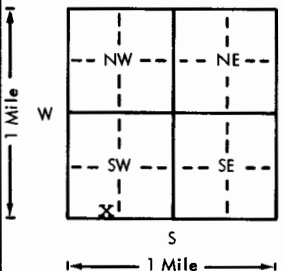


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Haskell	Fraction SE 1/4 SW 1/4 SW 1/4	Section number 25	Township number T 27 S R 31 E 1/4	Range number 31
2. Distance and direction from nearest town or city: 14 miles S of Pierceville, Kansas From river south Street address of well location if in city: of Pierceville go 14 miles south, 1 1/2 east.			3. Owner of well: Mr. Obed Koehn R.R. or street: City, state, zip code: Copeland, Kansas 67837			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>28</u> in. Completion date <u>5-13-76</u> Well depth <u>284</u> ft.	
N  W E S 1 Mile		SE corner of the West 1/2 of the SW 1/4, Sec. 25, of T27S, R31W, Haskell County, Kansas			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	
5. Type and color of material		From	To	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		
				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>37</u> lbs./ft. Dia. <u>16</u> in. to <u>145</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>.219</u>		
				10. Screen: Manufacturer's name <u>Doerr and Foster</u> Type <u>Milliglot</u> Dia. <u>16</u> " Slot/gauze <u>1/8</u> " Length <u>139</u> " Set between <u>145</u> ft. and <u>284</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <u>Yes</u> Size range of material <u>3.7-3.1 mm</u>		
				11. Static water level: _____ mo./day/yr. <u>132</u> ft. below land surface Date <u>2-6-76</u>		
				12. Pumping level below land surfaces: <u>138</u> ft. after <u>1</u> hrs. pumping <u>2096</u> g.p.m. <u>140</u> ft. after <u>1</u> hrs. pumping <u>2800</u> g.p.m. Estimated maximum yield <u>3600</u> g.p.m.		
				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 <input checked="" type="checkbox"/> _____ inches above grade		
				15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input checked="" 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>Unk</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				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:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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. Layne - Western Co. 150 Business name License No. Address <u>Garden City, Kansas</u> Signed <u>[Signature]</u> Date <u>5-24-76</u> Authorized representative				

T 27 S R 31 E Sec 25 SE 1/4 SW 1/4

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

Form WWC-5

