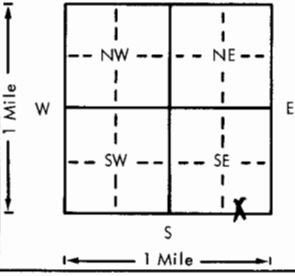


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Kingman	Fraction 1/4 SE 1/4 SE 1/4	Section number 10	Township number T 27 S R 5W E/W	Range number
2. Distance and direction from nearest town or city: 1 mile South of Mt. Vernon and 1/4 West Street address of well location if in city: on 13th North Northside, Cheney, Kansas			3. Owner of well: Eddie Giefer R.R. or street: Rt. #1 Box 159 City, state, zip code: Cheney, Kansas 67025		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>60</u> ft. <u>7-20-78</u>
Topsoil			0	3	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
Red shale			3	60	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
					9. Casing: Material <u>Styrene</u> Height: Above or <u>below</u> Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>
					10. Screen: Manufacturer's name _____ <u>Sunflower plastic</u> Type <u>styrene</u> Dia. <u>5"</u> Slot/gauze <u>.06</u> Length <u>40'</u> Set between <u>20</u> ft. and <u>60</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/2-1/8"</u>
					11. Static water level: _____ mo./day/yr. <u>28</u> ft. below land surface Date <u>7-20-78</u>
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade <input checked="" type="checkbox"/> capped
					15. Well grouted? <u>yes 1-2 fine sand mix</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40"</u> ft. to <u>14</u> ft.
					16. Nearest source of possible contamination: ft. <u>75</u> Direction <u>West</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>tank</u>
					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: Flat ground		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. Harp Well & Pump 236 Business name License No. Address Wichita, Kansas 67209 Signed <u>M. Arnold</u> Date <u>10-5-78</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

277-5010-SESE
1/4 1/4 1/4 1/4

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

Form WWC-5