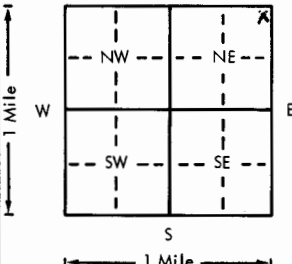


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Kingman</u>		Fraction <u>1/4 NE 1/4 NE 1/4</u>		Section number <u>11</u>		Township number T <u>27</u> S R <u>5</u> E <u>W</u>		Range number	
2. Distance and direction from nearest town or city; Street address of well location if in city: <u>2 miles West of 251st West</u>				3. Owner of well: <u>Kirk Hamersky</u> R.R. or street: City, state, zip code: <u>Cheney, Kansas</u>					
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>1 1/2</u> in. Completion date <u>2-8-77</u> Well depth <u>95</u> ft.					
				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					
				9. Casing: Material: <u>stynolite</u> Weight: 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>196</u> lbs./ft. Dia. <u>5</u> in. to <u>95</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>95</u> ft. depth gage No. <u>200</u>					
5. Type and color of material				From		To			
<u>Sandy Topsoil</u>				<u>0</u>		<u>2</u>			
<u>Sandy Clay</u>				<u>2</u>		<u>10</u>			
<u>Fine Sand</u>				<u>10</u>		<u>18</u>			
<u>medium Sand</u>				<u>18</u>		<u>25</u>			
<u>Red Shale</u>				<u>25</u>		<u>65</u>			
<u>Blue Shale</u>				<u>65</u>		<u>70</u>			
<u>Red Shale</u>				<u>70</u>		<u>95</u>			
						10. Screen: Manufacturer's name <u>Sunflower Plastic</u> Type <u>stynolite</u> Dia. <u>5"</u> Slot gauze <u>1.06</u> Length <u>65 ft</u> Set between <u>30</u> ft. and <u>95</u> ft. Gravel pack? <u>yes</u> size range of material <u>1/4-1/8</u>			
						11. Static water level: <u>24</u> ft. below land surface Date <u>2-8-77</u> mo./day/yr.			
						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. ____ Yes ____ No Date			
						14. Well head completion: <u>capped</u> ____ 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>40"</u> to <u>14</u> ft.			
						16. Nearest source of possible contamination: <u>None</u> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ____ 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: <u>Septic Tank not installed when well was drilled. No apparent source for</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>Sharp Well Pump 236</u> Business name <u>Wichita, KS</u> Address <u>M. Arnold</u> Signed <u>M. Arnold</u> Date <u>3-5-77</u> Authorized representative			

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

Form WWC-5