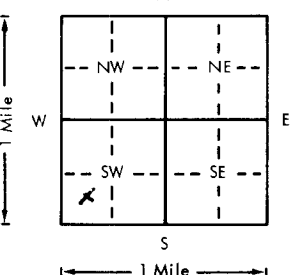


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

Keller #1

1. Location of well:	County: <i>Keosauqua</i>	Fraction: <i>0 1/4 SW 1/4 SW 1/4</i>	Section number: <i>35</i>	Township number: <i>T 28 S</i>	Range number: <i>R 18 W</i>															
2. Distance and direction from nearest town or city: <i>east 3 miles Greensburg</i>			3. Owner of well: <i>D. R. Launch</i> R.R. or street: <i>Wichita Kansas</i> City, state, zip code:																	
4. Locote with "X" in section below: 			6. Bore hole dia. <i>8</i> in. Completion date _____ Well depth <i>144</i> ft. <i>2-5-77</i>																	
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																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><i>Clay</i></td> <td><i>0</i></td> <td><i>60</i></td> </tr> <tr> <td><i>Sandy Clay</i></td> <td><i>60</i></td> <td><i>100</i></td> </tr> <tr> <td><i>Sand</i></td> <td><i>100</i></td> <td><i>120</i></td> </tr> <tr> <td><i>Gravel</i></td> <td><i>120</i></td> <td><i>144</i></td> </tr> </tbody> </table>				From	To	<i>Clay</i>	<i>0</i>	<i>60</i>	<i>Sandy Clay</i>	<i>60</i>	<i>100</i>	<i>Sand</i>	<i>100</i>	<i>120</i>	<i>Gravel</i>	<i>120</i>	<i>144</i>	8. Use: <input 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				From	To															
			<i>Clay</i>	<i>0</i>	<i>60</i>															
			<i>Sandy Clay</i>	<i>60</i>	<i>100</i>															
			<i>Sand</i>	<i>100</i>	<i>120</i>															
<i>Gravel</i>	<i>120</i>	<i>144</i>																		
9. Casing: Material <i>Plastic</i> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>287</i> lbs./ft. Dia. <i>5</i> in. to <i>144</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>200</i>																				
10. Screen: Manufacturer's name <i>Self made</i> Type <i>PVC</i> Dia. <i>5</i> Slot/gauze <i>8</i> Length <i>20</i> Set between <i>122</i> ft. and <i>144</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>8-12</i>																				
11. Static water level: _____ mo./day/yr. <i>120</i> ft. below land surface Date <i>2-5-77</i>																				
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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____																				
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade																				
15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.																				
16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:		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. <i>Myers Water Well</i> Business Name _____ License No. _____ Address <i>4th Bend No 143</i> Signed <i>A Myers</i> Date <i>2-5-77</i> Authorized representative																	

T 28 S
 R 18 W
 Sec 35
 1/4 1/4 1/4 1/4
 0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

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

Form WWC-5