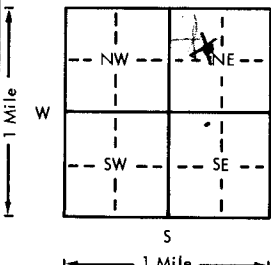


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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> Kiowa </u> <u> X </u> <u> SE </u> <u> 1/4 </u> <u> NW </u> <u> 1/4 </u>		Section number <u> 22 </u>	Township number <u> T 28 S </u>	Range number <u> R 20 W </u>
2. Distance and direction from nearest town or city: <u> 1 1/2 N Mullinville Kansas </u>		3. Owner of well: <u> Ray Price </u> R.R. or street: <u> Mullinville Kansas </u> City, state, zip code: <u> Mullinville Kansas </u>		
4. Locate with "X" in section below: Sketch map: 		6. Bore hole dia. <u> 8 3/4 </u> in. Completion date <u> 11-28-75 </u> Well depth <u> 74 </u> ft.		
5. Type and color of material		From	To	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
<u> Top Soil </u> <u> Tan Clay </u> <u> Br. Clay (Tough) </u> <u> Tan Clay </u> <u> Gravel </u> <u> Clay </u>		0	2	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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
		2	26	9. Casing: Material <u> PI </u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u> 14 </u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u> 5 </u> in. to <u> 74 </u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u> 200 </u>
		26	33	10. Screen: Manufacturer's name <u> Sunflower Plastics </u> Type <u> RMP </u> Dia. <u> 5 </u> Slot/gauze <u> 1/8 </u> Length <u> 20 </u> Set between <u> 54 </u> ft. and <u> 74 </u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <u> No </u> size range of material <u> </u>
		33	47	11. Static water level: <u> 49 </u> ft. below land surface Date <u> 11-28-75 </u> mo./day/yr.
		47	70	12. Pumping level below land surfaces: <u> 63 </u> ft. after <u> 1 </u> hrs. pumping <u> 3 </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> 3 </u> g.p.m.
				13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>
				14. Well head completion: <u> 14 </u> Inches above grade <input type="checkbox"/> Pitless adapter
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input 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> Livestock </u> ft. <u> </u> Direction <u> </u> Type <input checked="" type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				17. Pump: <u> 8' Windmill </u> Ndt installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> 63 </u> ft. capacity <u> 3 </u> 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 checked="" type="checkbox"/> Other
(Use a second sheet if needed)				
18. Elevation:	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. <u> Carl Hayes Water Well Serv. 224 </u> Business name <u> Carl Hayes Water Well Serv. 224 </u> License No. <u> 6093 </u> Address <u> 203 Maple Greenburg Ks </u> Signed <u> Carl Hayes </u> Date <u> 11-28-75 </u> Authorized representative		

T 28 S
 R 20 W
 Sec 22 SE NINE
 1/4 1/4 1/4

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

Form WWC-5