

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<br><b>Kingman</b>        | Fraction<br>1/4 <b>NE</b> 1/4 <b>NW</b> 1/4  | Section number<br><b>14</b>   | Township number<br>T <b>28</b> S R <b>5</b> | Range number<br><b>14/W</b> |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
|--|---------------------------------|--|---|---|-----------------------------|----------------|----------|----------|-------------|----------|----------|------------------|----------|----------|------------------|----------|-----------|---|--|--|
| 2. Distance and direction from nearest town or city: <b>2 1/2 West of Cheney, Kansas on 39th St.</b>   |                                 | 3. Owner of well: <b>Dave Spangler</b>       |   | R.R. or street: <b>R. #1</b>                |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
| Street address of well location if in city: <b>South, 1/2 mile on,</b>   |                                 | City, state, zip code: <b>Cheney, Kansas</b> |   |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
| 4. Locate with "X" in section below:<br>N<br>Sketch map:<br><b>on South Side of the Road</b>   |                                 |  | 6. Bore hole dia. <b>11</b> in. Completion date <b>11-30-76</b><br>Well depth <b>60</b> ft.   |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
|  |                                 |  | 7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other  |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
| 5. Type and color of material  |                                 |  | 9. Casing: Material <b>styrene</b> Weight: Above or below <input checked="" type="checkbox"/><br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.<br>RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <b>5</b> in. to <b>60</b> ft. depth; Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth; gage No. <b>.200</b> |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
| <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><b>Topsoil</b></td> <td><b>0</b></td> <td><b>2</b></td> </tr> <tr> <td><b>Clay</b></td> <td><b>2</b></td> <td><b>5</b></td> </tr> <tr> <td><b>Fine Sand</b></td> <td><b>5</b></td> <td><b>7</b></td> </tr> <tr> <td><b>Red Shale</b></td> <td><b>7</b></td> <td><b>60</b></td> </tr> </tbody> </table> |                                 |  |   | From  | To                          | <b>Topsoil</b> | <b>0</b> | <b>2</b> | <b>Clay</b> | <b>2</b> | <b>5</b> | <b>Fine Sand</b> | <b>5</b> | <b>7</b> | <b>Red Shale</b> | <b>7</b> | <b>60</b> | 10. Screen: Manufacturer's name <b>Sunflower Plastic</b><br>Type <b>styrene</b> Dia. <b>5"</b><br>Slot/gauge <b>1/16</b> .06 Length <b>40'</b><br>Set between <b>20</b> ft. and <b>60</b> ft.<br>Gravel pack? <input checked="" type="checkbox"/> <b>yes</b> Size range of material <b>1/4-1/8"</b> |  |  |
|  |                                 |  |   | From  | To                          |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
| <b>Topsoil</b>   | <b>0</b>                        | <b>2</b>                                     |   |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
| <b>Clay</b>  | <b>2</b>                        | <b>5</b>                                     |   |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
| <b>Fine Sand</b>   | <b>5</b>                        | <b>7</b>                                     |   |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
| <b>Red Shale</b>   | <b>7</b>                        | <b>60</b>                                    |   |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
|  |                                 |  | 11. Static water level: <b>16</b> ft. below land surface Date <b>11-30-76</b> mo./day/yr.   |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
|  |                                 |  | 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield _____ g.p.m.  |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
|  |                                 |  | 13. Water sample submitted: _____ mo./day/yr.<br>Yes _____ No _____ Date _____  |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
|  |                                 |  | 14. Well head completion: _____ <b>capped</b><br>Pitless adapter <b>12</b> Inches above grade   |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
|  |                                 |  | 15. Well grouted? <input checked="" type="checkbox"/> <b>yes</b><br>With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>40"</b> ft. to <b>14</b> ft.   |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
|  |                                 |  | 16. Nearest source of possible contamination: <b>Septic</b><br>ft. <b>80</b> Direction <b>NE</b> Type <b>Tank</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No   |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
|  |                                 |  | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other          |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
| (Use a second sheet if needed)   |                                 |  |   |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
| 18. Elevation:   | 19. Remarks: <b>Flat Ground</b> |  | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Harp Well &amp; Pump 236</b><br>Business name License No.<br>Address <b>Wichita, Kansas</b><br>Signed <b>M. Arnold</b> Date <b>12-13-76</b><br>Authorized representative  |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley   |                                 |  |   |   |                             |                |          |          |             |          |          |                  |          |          |                  |          |           |   |  |  |

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