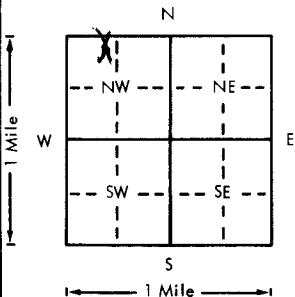


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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> Fraction <u>NE 1/4 NW 1/4 NW 1/4</u> Section number <u>3</u> Township number <u>T 29 S</u> Range number <u>R 19 W</u>	
2. Distance and direction from nearest town or city: <u>4E 25 Mullinville, Kansas</u>	
3. Owner of well: <u>Harold Schmidt</u> R.R. or street: _____ City, state, zip code: <u>Greensburg, Kansas</u>	
4. Locate with "X" in section below: Sketch map: 	
4. Bore hole dia. <u>8 3/4</u> in. Completion date <u>6-20-75</u> Well depth <u>160</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 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	
9. Casing: Material <u>PI</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>GI</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>160</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
5. Type and color of material	From To
<u>Top Soil</u>	<u>0</u> <u>3</u>
<u>17. BR. Clay</u>	<u>3</u> <u>46</u>
<u>Gravel (DRY To 122)</u>	<u>46</u> <u>160</u>
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>140</u> ft. and <u>160</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 to 3/8</u>	
11. Static water level: _____ mo./day/yr. <u>122</u> ft. below land surface Date <u>6-15-75</u>	
12. Pumping level below land surfaces: <u>122</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>25</u> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
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 _____ ft. <u>25</u> Direction <u>S</u> Type <u>attle</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17. Pump: _____ Not installed Manufacturer's name <u>Flint & Walling</u> Model number <u>JB412</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>147</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" 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:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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 Kayser, Well Serv - 224</u> Business name _____ License No. _____ <u>603 207 Maple St. Greensburg, Kan</u> Address _____ Signed <u>Carl Kayser</u> Date <u>6-15-75</u> Authorized representative

T 29 R 19 S 3 NE 1/4 NW 1/4