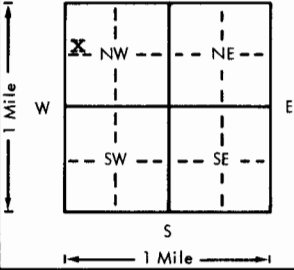


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

TRC

1. Location of well:	County Clark	Fraction SW 1/4 NW 1/4 NW 1/4	Section number 22	Township number T 30 S R 24 W	Range number E/W
2. Distance and direction from nearest town or city: 5 east of Minneola 1 south and west into pasture Street address of well location if in city:			3. Owner of well: Bud Estes R.R. or street: City, state, zip code: Bucklin, Kansas 67834		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile		Sketch map: 		6. Bore hole dia: 9 7/8 in. Completion date: _____ Well depth 100 ft. 6-19-78	
5. Type and color of material		From	To	7. 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	
Top soil		0	5	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	
Clay		5	15	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.8</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>265</u>	
Fine sand		15	22	10. Screen: Manufacturer's name _____ Pumpco Type <u>PVC</u> Dia. <u>5"</u> Slot/gauge <u>fine</u> Length <u>60+ 80'</u> Set between <u>20</u> ft. and <u>100</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/64-5/32</u>	
Med. to lar. sand & gravel		22	40	11. Static water level: _____ mo./day/yr. <u>27' 6"</u> ft. below land surface Date <u>5/15/78</u>	
White sand stone		40	60	12. Pumping level below land surfaces: <u>0</u> ft. after _____ hrs. pumping _____ g.p.m. <u>0</u> ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
Yellow & blue clay-limestone streaks		60	71	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Yellow clay		71	95	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade	
Black shale		95	103	15. Well grouted? <input checked="" type="checkbox"/> Yes 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>100</u> Direction <u>south</u> Type <u>creek</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <u>Aermotor Mill</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>84</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"/> Windmill Other _____	
18. Elevation:		(Use a second sheet if needed)		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. Friesen Windmill 262 Business name License No. Address <u>Meade, Kansas 67864</u> Signed <u>[Signature]</u> Date <u>6-22-78</u> Authorized representative	
19. Remarks: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley 1000 2480 64 2416					

30 2480 212 Sec 1/4 1/4 1/4

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

Form WWC-5