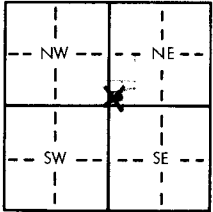


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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ACCL  
WINGTON

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 <b>CLARK</b>	Fraction <b>SW 1/4 SW 4 NE 4</b>	Section number <b>1</b>	Township number <b>T 31 S R 21</b>	Range number <b>21</b>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1152W Bucklin Kansas</b>			3. Owner of well: R.R. or street: City, state, zip code: <b>NORMAN GILLES Spearville Kansas</b>				
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile		Sketch map: 		6. Bore hole dia. <b>8 3/4</b> in. Completion date Well depth <b>136</b> ft. <b>7-29-75</b>			
5. Type and color of material		From	To	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			
<b>Sandy Top Soil</b>		<b>0</b>	<b>14</b>	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			
<b>HARD pan</b>		<b>14</b>	<b>27</b>	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>24</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>136</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <b>200</b>			
<b>Tan Clay</b>		<b>27</b>	<b>64</b>	10. Screen: Manufacturer's name <b>SanHawex Plastics</b> Type <b>RMP</b> Dia. <b>5 1/2</b> Slot gauge <b>1/8</b> Length <b>20</b> Set between <b>116</b> ft. and <b>136</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8 x 1/2</b>			
<b>Red Clay</b>		<b>64</b>	<b>93</b>	11. Static water level: _____ mo./day/yr. <b>107</b> ft. below land surface Date <b>7-29-75</b>			
<b>Fine Gravel</b>		<b>93</b>	<b>(36)</b>	12. Pumping level below land surfaces: <b>107</b> ft. after <b>1</b> hrs. pumping <b>3</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.			
<b>ROCK 136'</b>				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
<b>107'</b>				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>24</b> Inches above grade			
<b>29' sat. H<sub>2</sub>O</b>				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.			
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				17. Pump: _____ 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 checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
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. <b>Carl Hayes Water Wells, Inc. 224</b> Business name _____ License No. _____ <b>603 Maple Greensburg, Mo.</b> Signed <b>Carl Hayes</b> <b>7-29-75</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>2235</b> <b>136</b> <b>2099</b>					

31 210 1 SW SW NE

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

Form WWC-5