

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 Stevens	Fraction SW 1/4 SW 1/4 NE 1/4	Section number 32	Township number T 31 S R 36 E/W	Range number 36
2. Distance and direction from nearest town or city: 1 South + WEST OF MOSCOW, KAN.			3. Owner of well: Ross Foster TEETER R.R. or street: ROUTE 7 City, state, zip code: MOSCOW, KS 66501		
4. Locate with "X" in section below:		Sketch map:			
5. Type and color of material		From	To	6. Bore hole dia. 2 1/2 in. Completion date _____ Well depth 567 ft. 6/30/99	
Overburden		0	2	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	
Top Soil		2	200	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Med. Sd. w/Clay		200	240	9. Casing: Material Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 42.5 lbs./ft. Dia. 4 in. to 567 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. .250	
Med. Coarse Sd. w/Clay		240	310	10. Screen: Manufacturer's name L B Foster Type Steel Dia. 16 Slot/gauze 1/8 Length 3288 Set between 239 ft. and 527 ft. Gravel-pack? Yes Size range of material 1/8-1/4	
Med. Sd. w/Clay Strks.		310	360	11. Static water level: _____ mo./day/yr. 190 ft. below land surface Date 7/1/97	
Med. Sd.		360	410	12. Pumping level below land surfaces: NA _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
Med. & Coarse Sd. w/Clay Strks.		410	430	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
Med. Coarse Sd.		430	500	14. Well head completion: <input type="checkbox"/> Pitless adapter NA _____ Inches above grade	
Yellow Clay		500	520	15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
Coarse Sd.		520	568	16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No	
Red Clay		568	600	17. Pump: <input checked="" type="checkbox"/> 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 type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
(Use a second sheet if needed)					
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		10a Johnson Trce 16" Steel 11000 Slot 527-567' 16a Crop land		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. KTM DRILLING, INC. 225 Business name _____ License No. _____ Address Box 1388, Gypsum, Okla. Signed [Signature] Date 9/26 Authorized representative	

31 360 32 SUSANNE