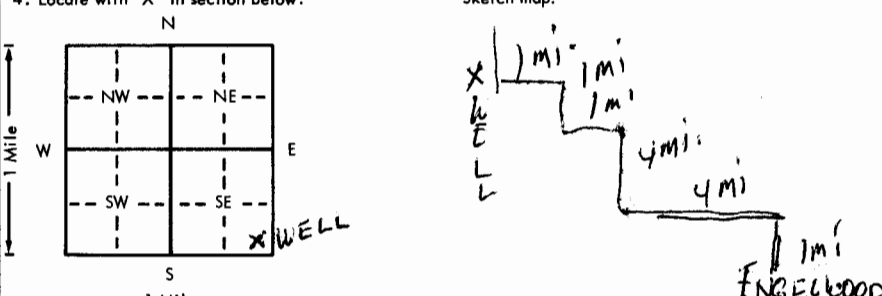


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Mount Helen

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

1. Location of well:	County <b>MEAD</b>	Fraction <b>SE 1/4 SE 1/4 SE 1/4</b>	Section number <b>12</b>	Township number <b>T 34 S</b>	Range number <b>R 26 E</b>
2. Distance and direction from nearest town or city: west 4 mi. north 1 mi. west 1 mi. Street address of well location if in city: north 1 mi. west of Engelwood Ka.		3. Owner of well: Jack Painter R.R. or street: City, state, zip code: Meade, Kansas			
4. Locate with "X" in section below: 		6. Bore hole dia. <b>28</b> in. Completion date <b>8-6-76</b> Well depth <b>138</b> ft.			
5. Type and color of material		7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary			
topsoil		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			
clay		9. Casing: Material <b>Iron</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>34</b> lbs./ft. Dia. <b>16</b> in. to <b>138</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>188</b>			
sand		10. Screen: Manufacturer's name <b>Doerr Metal Products</b> Type <b>Iron</b> Dia. <b>16</b> Slot/gauze <b>3/16</b> Length <b>40</b> ft. Set between <b>98</b> ft. and <b>138</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <b>Yes</b> Size range of material <b>1/4" / 1/2"</b>			
sand + gravel		11. Static water level: <input type="checkbox"/> mo./day/yr. <b>100</b> ft. below land surface Date <b>4-9-76</b>			
shale		12. Pumping level below land surfaces: <b>100</b> ft. after <b>2</b> hrs. pumping <b>300</b> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.			
		13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>			
		14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade			
		15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <b>yes</b> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.			
		16. Nearest source of possible contamination: <b>none</b> ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Goulds pump co.</b> Model number <input type="checkbox"/> HP <b>20</b> Volts <input type="checkbox"/> Length of drop pipe <b>130</b> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
18. Elevation: <b>FLAT 2125</b> <b>1/4</b>		19. Remarks: <b>2125</b> <b>100</b> <b>2025</b>		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>Brau Drilling and Irrigation</b> Business name <b>Bushy KA</b> License No. <b>217</b> Address <b>RW BRAU</b> Date <b>8-27-76</b> Signed <b>RW BRAU</b> Authorized representative	

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

Form WWC-5