

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

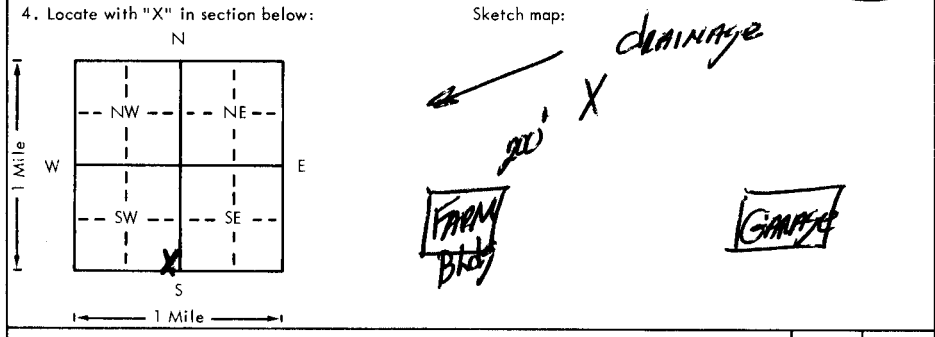
WATER WELL RECORD
KSA 82a-1201-1215

Phillipsburg

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

1. Location of well: County **Phillips** Fraction **SE 1/4 SE 1/4 SW 1/4** Section number **25** Township number **T 3 S R 16 W** E/W

2. Distance and direction from nearest town or city: **2 1/2 Mi. East of Agra**
Street address of well location if in city:
3. Owner of well: **Kenny Pierce**
R.R. or street: **Kensington, Ks.**
City, state, zip code: **66951**



6. Bore hole dia. **9 1/2** in. Completion date **8-4-79**
 Well depth **92** ft.

7. Cable tool ___ Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

8. Use: ___ Domestic ___ Public supply ___ Industry
___ Irrigation ___ Air conditioning Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material **Plastic** Height: Above or below
Threaded ___ Welded ___ Surface **2 1/4** in.
RMP ___ PVC Weight ___ lbs./ft.
Dia. **6** in. to **92** ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth Gauge No. **Sch 200**

5. Type and color of material	From	To
Top Soil	0	5
Lt. Yellow Clay	5	35
Fine Sand	35	50
Med. Sand	50	65
Gray Mud and Sand	65	90
Brown Clay	90	92
(Use a second sheet if needed)		

10. Screen: Manufacturer's name **Western**
Type **PVC** Dia. **6"**
Slot/gauze **1/8"** Length **10'**
Set between **90** ft. and **80** ft.
Gravel pack? **Yes** Size range of material **minus**

11. Static water level: **48** ft. below land surface Date **8-4-79** mo./day/yr.

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield **10** g.p.m.

13. Water sample submitted: ___ Yes No Date

14. Well head completion: ___ Pitless adapter **2 1/4** Inches above grade

15. Well grouted? X
With: ___ Neat cement X Bentonite ___ Concrete
Depth: From **0** ft. to **20** ft.

16. Nearest source of possible contamination: **None**
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes ___ No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type: ___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation: Topography: Hill ___ Slope ___ Upland ___ Valley
19. Remarks: **14012**

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.
Deer Drilling 344
Business name License No.
Address **Rte 4 Phillipsburg**
Signed *William J. Deer* Date **8-13-79**
Authorized representative

T 3 R 16 W E 25 S 344