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

WATER WELL RECORD
KSA 82a-1201-1215

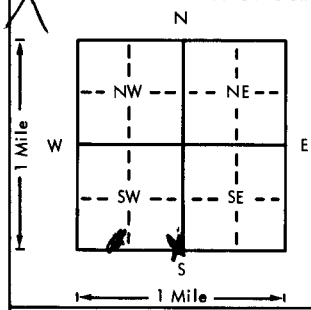
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Smith	Fraction: SE 1/4 SE 1/4 SW 1/4	Section number: 31	Township number: T 4 S	Range number: R 14 E/W

2. Distance and direction from nearest town or city: 1/4 mile west of Cedar, Kans.
Street address of well location if in city:

3. Owner of well: Vernon Kirchhoff
R.R. or street: R.R.
City, state, zip code: Cedar, Kans. 67628

4. Locate with "X" in section below:



Sketch map:

3/4 mile west

well

6. Bore hole dia. 9 in. Completion date 7/14/77
Well depth 56 ft.

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

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

9. Casing: Material PST Height: Above or below
Threaded ___ Welded gld Surface 24 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 6 in. to 46 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1320

5. Type and color of material	From	To
clay	0	35
Sand & broken Rock	35	56
Shale	56	57

(Use a second sheet if needed)

10. Screen: Manufacturer's name Jess & Lowell
Type plastic Dia. 6"
Slot/gauze 1/16 Length 10'
Set between 46 ft. and 56 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/4 - 5/8"

11. Static water level: mo./day/yr.
36 ft. below land surface Date 7/19/77

12. Pumping level below land surfaces: Not pumped.
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date ___

14. Well head completion: Not done.
___ Pitless adapter ___ Inches above grade

15. Well grouted? yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 5 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. 3960 Direction West Type Feed lot
Well disinfected upon completion? ___ Yes X 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: Level
Topography:
___ Hill
___ Slope
___ Upland
___ Valley

19. Remarks: Concrete slab to be installed by customer at ground surface.

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.
D&L Drilling Co 303
Business name Box 246 License No.
Address Hill City, Ks. 67642
Signed Allen Jones Date 10-10-77
Authorized representative

T 4 R 14 (E/W) Sec 31 1/4 SE SE SW 1/4

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

Form WWC-5