

5-2-77

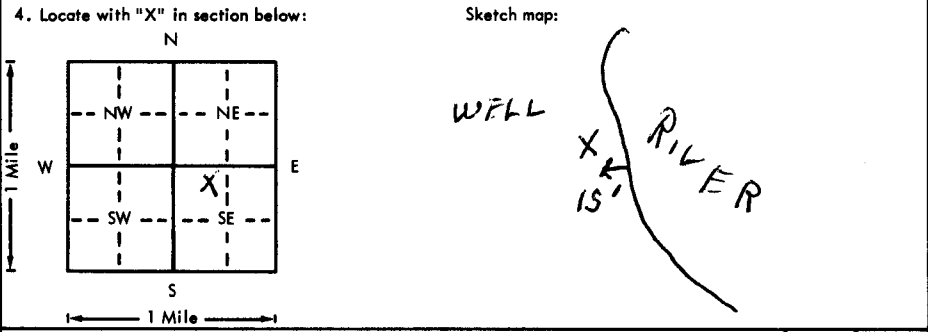
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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<br><b>SMITH</b> | Fraction<br><b>NE NW<br/>NW 1/4 - SE 1/4 SE 1/4</b> | Section number<br><b>20</b> | Township number<br><b>T 5 S R 13 E (N)</b> | Range number |
|----------------------|------------------------|---|-----------------------------|--|--------------|

|   |  |
|---|--|
| 2. Distance and direction from nearest town or city: <b>2 1/2 S - 1/2 W</b> | 3. Owner of well: <b>OLLE CONRAD</b>             |
| Street address of well location if in city: <b>OF GAYLORD</b>               | R.R. or street: <b>RR #1 Hagan</b>               |
|   | City, state, zip code: <b>GAYLORD IAN. 67641</b> |



|   |
|---|
| 6. Bore hole dia. <b>24</b> in. Completion date <b>4-4-77</b>   |
| Well depth <b>59</b> ft.  |
| 7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br>Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary   |
| 8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br>Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other  |
| 9. Casing: Material <b>ASB</b> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>8 1/2" MHC</b><br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.<br>Dia. <b>1 1/2</b> in. to <b>27</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <b>30</b> ft. depth gage No. <b>1"</b> |

| 5. Type and color of material | From      | To        |
|-------------------------------|-----------|-----------|
| <b>TOP SOIL</b>               | <b>0</b>  | <b>1</b>  |
| <b>CLAY BROWN</b>             | <b>1</b>  | <b>18</b> |
| <b>SAND GREEN</b>             | <b>18</b> | <b>30</b> |
| <b>SAND RED</b>               | <b>30</b> | <b>40</b> |
| <b>SAND Green</b>             | <b>40</b> | <b>59</b> |

|  |
|--|
| 10. Screen: Manufacturer's name<br><b>JOHNSONS</b>   |
| Type <b>C. ASB</b> Dia. <b>16"</b>   |
| lot/gauge <b>14"</b> Length <b>13</b>  |
| Set between <b>30.35</b> ft. and <b>59</b> ft. <b>MHC</b>  |
| Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2"</b>  |
| 11. Static water level: mo./day/yr.<br><b>18</b> ft. below land surface Date <b>3-20-77</b>  |
| 12. Pumping level below land surfaces:<br><b>50</b> ft. after <b>1</b> hrs. pumping <b>400</b> g.p.m.<br>ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>500</b> g.p.m.  |
| 13. Water sample submitted: mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No _____ Date _____   |
| 14. Well head completion:<br>Pitless adapter _____ inches above grade  |
| 15. Well grouted? <b>YES</b><br>With: Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input checked="" type="checkbox"/><br>Depth: From <b>12</b> ft. to <b>2</b> ft.  |
| 16. Nearest source of possible contamination:<br>ft. <b>15</b> Direction <b>N</b> Type <b>RIVER</b><br>Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| 17. Pump: Not installed<br>Manufacturer's name <b>WESTERN LAND</b><br>Model number _____ HP _____ Volts _____<br>Length of drop pipe <b>55</b> ft. capacity <b>700</b> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |

|   |              |
|---|--------------|
| 18. Elevation:  | 19. Remarks: |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input checked="" type="checkbox"/> Valley |              |

|   |
|---|
| 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>D &amp; D Service 108</b><br>Business name <b>DOWN HAN.</b> License No. _____<br>Address _____<br>Signed <b>Wendell DeBey</b> Date <b>4-10</b><br>Authorized representative |
|---|

-5 130 20 NE NW SE  
1/4 1/4 1/4