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

WATER WELL RECORD
KSA 82a-1201-1215

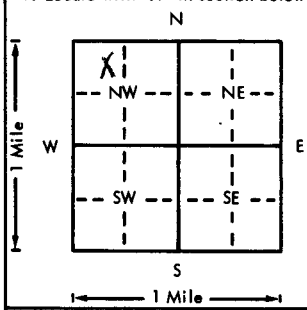
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SMITH	~~NW~~ NE 1/4 NW 1/4 NW 1/4	33	T 5 S	R 13 E (W)

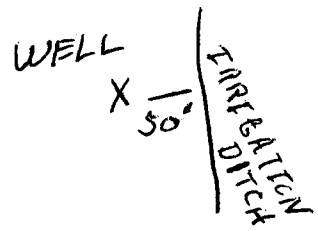
2. Distance and direction from nearest town or city: 3E 4S 1/4 E of GAYLORD
Street address of well location if in city:

3. Owner of well: LOWELL NORRIS
R.R. or street: R.R. 1 Harland
City, state, zip code: ~~GAYLORD~~ KAN 67641

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 34 in. Completion date
Well depth ____ ft. 4-15-77

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

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

9. Casing: Material ASB Height: Above or below
Threaded ____ Welded ____ Surface 6 12 in. MNC
RMP ____ PVC ____ Weight ____ lbs./ft.
Dia. 16 in. to 80 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 1"

5. Type and color of material	From	To
O.		
TOP SOIL	0	2
CLAY	2	50
BLUE MUD	50	70
SAND RED	70	80
Added 6" ring of casing		
to make 12" above ground		
level.		
MNC.		
(Use a second sheet if needed)		

10. Screen: Manufacturer's name JOHNSONS
Type C ASB Dia. 16"
Slot/gauze 1/4 Length 13'
Set between 67 ft. and 80 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 1/2"

11. Static water level: mo./day/yr.
20 ft. below land surface Date 4-1-77

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 700 g.p.m.

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

14. Well head completion:
__ Pitless adapter ____ Inches above grade

15. Well grouted? YES
With: __ Neat cement __ Bentonite X Concrete
Depth: From 15 ft. to 4 ft.

16. Nearest source of possible contamination:
ft. 50 Direction N Type DITCH
Well disinfected upon completion? ____ Yes X No

17. Pump: __ Not installed
Manufacturer's name
Model number ____ HP ____ Volts ____
Length of drop pipe 75 ft. capacity 900 g.p.m.
Type:
__ Submersible X Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:
Topography:
__ Hill
X Slope
__ Upland
__ Valley

19. Remarks:

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&D Service 108
Business name License No.
Address DOWNS KAN
Signed Wendell DeBey Date
Authorized representative 4-15-77

T 5 R 13 E (W) Sec 33 1/4 NE 1/4 NW 1/4 NW 1/4

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

Form WWC-5