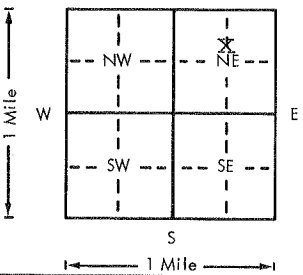


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

AAC

1. Location of well:	County Sheridan	Fraction SW 1/4 NE 1/4 NE 1/4	Section number 35	Township number T 7 S R 28	Range number 28	NE/W
2. Distance and direction from nearest town or city: From Hoxie K23-US24: 2 East; 3 North; 1/4 SW to pivot <small>Street address of well location if in city:</small>			3. Owner of well: Al Weeks R.R. or street: Rt. #1 City, state, zip code: Hoxie, Kansas			
4. Locate with "X" in section below: <div style="text-align: center;">  </div>			Sketch map:			6. Bore hole dia. <u>30</u> in. Completion date <u>9-21-76</u> Well depth <u>216</u> ft.
5. Type and color of material			From	To	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	
Clay			0	40	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, Streaks of Gravel			40	80	9. Casing: Material <u>Steel</u> Height: Above or below <u>xxx</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>.188</u> lbs./ft. Dia. <u>0</u> in. to <u>126</u> ft. depth; Wall Thickness: inches or Dia. <u>0</u> in. to <u>126</u> ft. depth; Gauge No. <u>#7</u>	
Fine Sand, Clay, Sand Stone Streaks			80	100	10. Screen: Manufacturer's name _____ <u>Brown</u> Type <u>Bridge</u> Dia. <u>16"</u> Slot/gauze <u>10%</u> Length <u>80"</u> Set between <u>126</u> ft. and <u>206</u> ft. <u>0' Cook</u> ft. and <u>216</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 x 5/8</u>	
Fine Sand, Clay, Med. Gravel St., Sand			100	140	11. Static water level: <u>135</u> ft. below land surface Date <u>9-27-76</u> mo./day/yr.	
Fine Sand, Sandstone St., Gravel St.			140	160	12. Pumping level below land surfaces: <u>210</u> ft. after <u>2</u> hrs. pumping <u>1253</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1253</u> g.p.m.	
Coarse Sand, Small Gravel			160	180	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Med. Coa. Gravel, Sand Stone St, Clay			180	200	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
Med. Gravel			200	214	15. Well grouted? <input checked="" type="checkbox"/> <u>Clay</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> xxxx Depth: From <u>0</u> ft. to <u>10</u> ft.	
Ochre, Shale			214	216	16. Nearest source of possible contamination: ft. <u>5000</u> Direction <u>W</u> Type <u>Farm</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(Use a second sheet if needed)					17. Pump: _____ Not installed Manufacturer's name <u>xxxxx Floway</u> Model number <u>056192</u> HP <u>100</u> Volts <u>480</u> Length of drop pipe <u>200</u> ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other	
					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. <u>Western Well & Pump</u> <u>24</u> Business name License No. Address <u>Box 852, Colby, KS</u> Signed <u>Sally Berry</u> Date <u>4/9/76</u> Authorized representative	
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

7 28 W 35 SW NE NE
 Sec 1/4 1/4 1/4

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

Form WWC-5