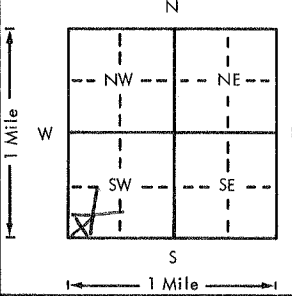


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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: <i>House</i>		County <i>Thomas</i>	Fraction <i>SW 1/4 SW 1/4 SW 1/4</i>	Section number <i>16</i>	Township number T <i>7</i> S R <i>32</i> E/W
2. Distance and direction from nearest town or city: <i>Grem</i>			3. Owner of well: <i>K. U. Knudsen</i> R.R. or street: <i>Grem X's</i> City, state, zip code:		
4. Locate with "X" in section below: 			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <i>9</i> in. Completion date <i>4-8-76</i> Well depth <i>163</i> ft.
<i>Top soil</i>			<i>0</i>	<i>31</i>	7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary
<i>sandy clay & S.S.</i>			<i>31</i>	<i>75</i>	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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
<i>gravel</i>			<i>75</i>	<i>96</i>	9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.
<i>sandy clay & S.S.</i>			<i>96</i>	<i>101</i>	Dia. <i>5</i> in. to <i>163</i> ft. depth Wall Thickness: inches or Dia. <i>5</i> in. to <i>163</i> ft. depth gage No. <i>200</i>
<i>gravel</i>			<i>101</i>	<i>107</i>	10. Screen: Manufacturer's name <i>John D. Amwell</i> Type <i>PVC</i> Dia. <i>5</i> Slot/gauze <i>1/32</i> Length <i>8'</i> Set between <i>153</i> ft. and <i>161</i> ft. ft. and <input type="checkbox"/> ft.
<i>sandy clay & S.S.</i>			<i>107</i>	<i>112</i>	11. Static water level: <input type="checkbox"/> mo./day/yr. <i>105</i> ft. below land surface Date <i>4-8-76</i>
<i>gravel</i>			<i>112</i>	<i>117</i>	12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <i>30 +</i> g.p.m.
<i>sandy clay</i>			<i>117</i>	<i>131</i>	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
<i>fine sand & sandy clay</i>			<i>131</i>	<i>139</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12"</i> inches above grade
<i>fine sand</i>			<i>139</i>	<i>150</i>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.
<i>gravel</i>			<i>150</i>	<i>161</i>	16. Nearest source of possible contamination: <i>none</i> ft. Direction Type Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>sandy clay</i>			<i>161</i>	<i>163</i>	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number HP Volts Length of drop pipe ft. capacity g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
(Use a second sheet if needed)					
18. Elevation:		19. Remarks: <i>BROCK ?</i>			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <i>Stan Shoff</i> <i>298</i> Business name <i>Stan Shoff</i> License No. <i>298</i> Address <i>Grem X's</i> Signed <i>Stan Shoff</i> Date <i>7-27-76</i> Authorized representative			

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

Form WWC-5