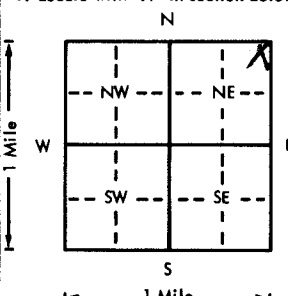


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <u>Cloud</u> Fraction <u>NE 1/4 NE 1/4 NE 1/4</u> Section number <u>33</u> Township number <u>8 S R 2 E</u> Range number <u>2 E</u>	
2. Distance and direction from nearest town or city: <u>25 S W of Newtonvale, KS</u> Street address of well location in city: _____	
3. Owner of well: <u>Raymond Stein</u> R.R. or street: <u>Box 379</u> City, state, zip code: <u>Beloit, Ks. 67420</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Top soil</u>	<u>0 3</u>
<u>Clay</u>	<u>3 21</u>
<u>Busty sand gravel</u>	<u>21 44</u>
<u>Clay</u>	<u>44 53</u>
<u>Hard sand</u>	<u>53 73</u>
<u>Sand</u>	<u>73 77</u>
<u>Shale</u>	<u>77 120</u>
<u>Sand</u>	<u>120 132</u>
<u>Sand rock</u>	<u>132 270</u>
(Use a second sheet if needed)	
18. Elevation: <u>1445</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:
6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>6-8-77</u> Well depth <u>264</u> ft.	
7. <input 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	
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	
9. Casing: Material <u>transite</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>1 1/2</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>1 1/2</u> in. to <u>1 1/4</u> ft. depth Wall Thickness _____ inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>NA</u>	
10. Screen: Manufacturer's name <u>Johnson</u> Type <u>transite</u> Dia. <u>1 1/2</u> Slot/gauze <u>NA</u> Length <u>91</u> Set between <u>173</u> ft. and <u>264</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>2 to 3/8</u>	
11. Static water level: _____ mo./day/yr. <u>60</u> ft. below land surface Date <u>4-11-77</u>	
12. Pumping level below land surfaces: <u>104</u> ft. after <u>3</u> hrs. pumping <u>600</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1100</u> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>4-11-77</u>	
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: ft. <u>240</u> Direction <u>west</u> Type <u>septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ 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	
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>Rosemarita Benis</u> <u>134</u> Business name _____ License No. _____ Address <u>Great Bend, Ks 67530</u> Signed <u>Raymond Stein</u> Date <u>9-5-77</u> Authorized representative	

T 8
 R 2
 E W
 Sec 32
 NE NE NE
 NE NE NE

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

Form WWC-5