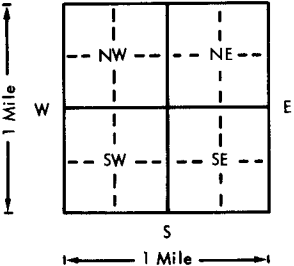


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <b>Sheridan</b>	Fraction <b>SW 1/4 SW 1/4 NW 1/4</b>	Section number <b>28</b>	Township number <b>T 9</b>	Range number <b>S R 28</b>	<b>ORL</b> <b>EW</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <b>Floyd Chapman</b> R.R. or street: <b>Hoxie, Ks.</b> City, state, zip code:			
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>190</u> ft. <u>5/2/77</u>			
				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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
				9. Casing: Material <u>PTIS</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>GI</u> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>190</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. _____			
5. Type and color of material				From	To	10. Screen: Manufacturer's name _____ <b>Valley Steel</b> Type <u>PVC</u> Dio. <u>5 in.</u> Slot/gouze <u>1/16</u> Length <u>20 ft.</u> Set between <u>170</u> ft. and <u>190</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4</u> down	
<b>silt + clay</b>				<b>0</b>	<b>80</b>	11. Static water level: _____ <u>106</u> ft. below land surface Date <u>5/2/77</u> <small>mo./day/yr.</small>	
<b>sandstone + clay</b>				<b>80</b>	<b>105</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
<b>gravel</b>				<b>105</b>	<b>110</b>	13. Water sample submitted: _____ <small>mo./day/yr.</small> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
<b>clay (red)</b>				<b>110</b>	<b>120</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
<b>gravel</b>				<b>120</b>	<b>130</b>	15. Well grouted? <input checked="" type="checkbox"/> With <u>clay</u> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>20</u> ft.	
<b>clay</b>				<b>130</b>	<b>150</b>	16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>gravel</b>				<b>150</b>	<b>160</b>	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	
<b>clay</b>				<b>160</b>	<b>175</b>		
<b>gravel</b>				<b>175</b>	<b>190</b>		
<b>yellow clay</b>				<b>190</b>			
(Use a second sheet if needed)							
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> 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. <b>Aqua Well Drilling 281</b> Business name _____ License No. _____ Address <b>Gove, Ks. 62736</b> Signed <b>J. M. Little</b> Date <b>6-20-77</b> Authorized representative			

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

Form WWC-5