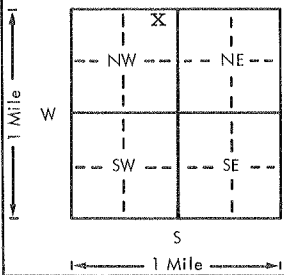


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

BAA

| | | | | | | |
|--|--|-------------------------|---|--|--|-----------------------------|
| 1. Location of well: | | County Thomas | Fraction NE 1/4 NE 1/4 NW 1/4 | Section number 3 | Township number T 9 S R 32 E | Range number 32 E |
| 2. Distance and direction from nearest town or city: Colby, Kansas 8 1/2 E. 6 S. Street address of well location if in city: | | | | 3. Owner of well: Clarence Cersovsky R.R. or street: RFD #2 City, state, zip code: Colby, KS 67701 | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. 36 in. Completion date _____ Well depth 167 ft. 8-21-78 | | |
|  | | | | 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 | | |
| 5. Type and color of material | | From | To | 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 | | 0 | 40 | 9. Casing: Material Steel Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 16 in. to 167 ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. 188 | | |
| Sand & Gravel | | 40 | 50 | 10. Screen: Manufacturer's name W. A. Brown 10' of Cook-144 to 167 Type Perf. 154 Dia. 16" Slot/gauze 10% Length 40' Set between 144 ft. and 154 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 X 5/8 | | |
| Clay | | 50 | 55 | 11. Static water level: _____ mo./day/yr. 89 ft. below land surface Date 8-23-78 | | |
| Sand & Gravel | | 55 | 87 | 12. Pumping level below land surfaces: 114 ft. after 2 hrs. pumping 654 g.p.m. 128 ft. after 1 hrs. pumping 1100 g.p.m. Estimated maximum yield 1100 g.p.m. | | |
| Clay | | 87 | 95 | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| Coarse Sand & Gravel | | 95 | 109 | 14. Well head completion: 12 inches above grade <input type="checkbox"/> Pitless adapter | | |
| Clay & Cement | | 109 | 119 | 15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft. | | |
| Coarse Sand & Gravel | | 119 | 130 | 16. Nearest source of possible contamination: ft. 1300 Direction West Type Farmstead Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Clay & Med. Coarse Sand & Gravel Mix | | 130 | 138 | 17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Floway Model number 10 DOH HP 80 Volts _____ Length of drop pipe 155 ft. capacity 650 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | |
| Coarse Sand & Small Gravel | | 138 | 165 | | | |
| Ochre & Shale | | 165 | 175 | | | |
| (Use a second sheet if needed) | | | | | | |
| 18. Elevation: | | 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. Western Well & Pump, Inc. 245 Business name License No. _____ Address Box 852 Colby, KS 67701 Signed Judy McNeel Date 8/24/78 Authorized representative | | |

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

Form WWC-5