

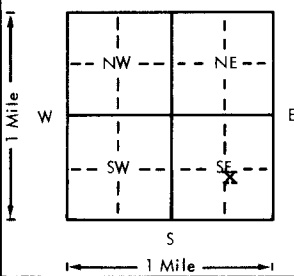
USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 820-1201-1215

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

Job #289-77-D-12-9-34

123

1. Location of well:		County <b>Thomas</b>	Fraction <b>NW 1/4 SE 1/4 SE 1/4</b>	Section number <b>12</b>	Township number <b>T 9 S</b>	Range number <b>R 34 E</b>
2. Distance and direction from nearest town or city: <b>Mingo; 5 1/4 W;</b> <b>1/4 N</b> Street address of well location if in city:				3. Owner of well: <b>Glenn Schiffner</b> R.R. or street: City, state, zip code: <b>Colby, Kansas</b>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 				6. Bore hole dia. <b>30</b> in. Completion date <b>12-2-77</b> Well depth <b>261</b> ft.		
5. Type and color of material				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 checked="" type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary		
				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		
				9. Casing: Material <b>Steel</b> Height: Above ground <b>XXXX</b> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>.188</b> lbs./ft. Dia. <b>16</b> in. to <b>168</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>#7</b>		
				10. Screen: Manufacturer's name <b>Brown</b> Type <b>Bridge</b> Dia. <b>16"</b> Slot/gauze <b>10%</b> Length <b>80'</b> Set between <b>10'</b> <b>Cook</b> ft. and <b>251</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>50%-50%</b>		
				11. Static water level: <b>157</b> ft. below land surface Date <b>12-8-77</b> mo./day/yr.		
				12. Pumping level below land surfaces: <b>195</b> ft. after <b>2</b> hrs. pumping <b>1280</b> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>1280</b> g.p.m.		
				13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>1700'</b> Direction <b>S</b> Type <b>House</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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:		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>Western Well &amp; Pump</b> <b>245</b> Business name License No. Address <b>Box 852 Colby, KS 67701</b> Signed <b>Ann Gustafson</b> Date <b>12/2/77</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5