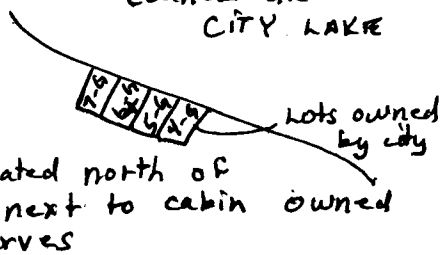


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

G 6 CABIN

1. Location of well:	County MORRIS	Fraction SE 1/4 SW 1/4	Section number 7	Township number T 16 S	Range number R 8 E/W
2. Distance and direction from nearest town or city: 1/2 N of Council Grove			3. Owner of well: R K PURVES R.R. or street: 37 MISSION RD City, state, zip code: WICHITA KS		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: COUNCIL GROVE CITY LAKE  lots owned by city well located north of garage next to cabin owned by Purves		6. Bore hole dia. 9 in. Completion date AUG 15 1975 Well depth 132 ft.	
5. Type and color of material		From		To	
		LIME ROCK GRAY		82 90	
		SHAL BLUE		90 95	
		LIMEROCK GRAY		95 120	
		SHAL BLUE		120 132	
				7. <input checked="" 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 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 STEEL Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 6 in. to 90 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
				10. Screens: Manufacturer's name JESS LOWELL Type 200 Dia. 6 Slot/gauze SAW BLADE Length 20 Set between 90 ft. and 130 ft. _____ ft. and _____ ft. Gravel pack? <input type="checkbox"/> Size range of material _____	
				11. Static water level: _____ mo./day/yr. 30 ft. below land surface Date _____	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.	
				16. Nearest source of possible contamination: ft. _____ Direction EAST-WEST type CABINS Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name HAD PUMP IN Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other _____	
		(Use a second sheet if needed)			
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: N		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. L H KRAUSE 156 Business name _____ License No. _____ Address COUNCIL GROVE KS Signed [Signature] Date OCT 1 1975 Authorized representative		

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

Form WWC-5