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

WATER WELL RECORD
KSA 82a-1201-1215

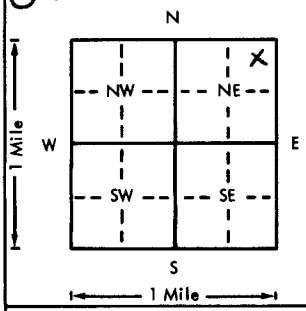
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Coffey	1/4 1/4 NE 1/4	34	T 22 S	R 16 E/W

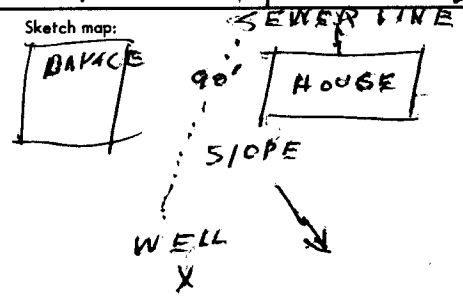
2. Distance and direction from nearest town or city: IN Leroy
Street address of well location if in city: 8TH MAIN LOT 18 BLOCK 24

3. Owner of well: DOYLE WILLIAMS
R.R. or street:
City, state, zip code: LEROY KAN

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 7 in. Completion date 3/30/77
Well depth 37 ft.

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
X Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above or below
Threaded ___ Welded ___ Surface 16 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 6 in. to 37 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1250

10. Screen: Manufacturer's name JESS LOWELL
Type PVC Dia 6
Slot/gauze 1/16 Length 10
Set between 27 ft. and 37 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/4

5. Type and color of material	From	To
DARK SOIL	0	4
BROWN CLAY	4	10
WHITE SHALE	10	20
WHITE QUICK SAND	20	28
RED RIVER GRAVEL SAW.	28	30
GREY SHALE	30	37

(Use a second sheet if needed)

11. Static water level: mo./day/yr.
22 ft. below land surface Date 3/30/77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 100 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ___

14. Well head completion:
__ Pitless adapter 16 Inches above grade

15. Well grouted? YES
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 0 ft. to 15 ft.

16. Nearest source of possible contamination: SEWER
ft. NORTH Direction 90° Type LINE
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
X Slope
__ Upland
__ Valley

19. Remarks: MR. WILLIAMS IS GOING TO RUN HIS OWN PUMP

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.
Business name CUMMINGS WELL SERV 312 License No. ___
Address TORONTO KAN
Signed [signature] Date 3/30/77
Authorized representative

T 22 S R 16 E/W Sec 34 1/4 1/4 1/4 NE

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

Form WWC-5

MI-1023