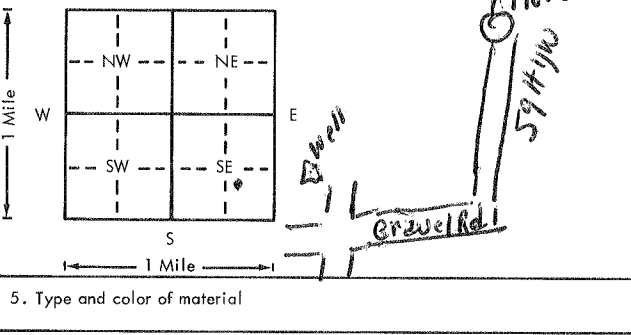


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82g-1201-1215

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

County Allen		Fraction NW 1/4 SE 1/4 SE 1/4	Section number 27	Township number T 25 S	Range number R 20 E
2. Distance and direction from nearest town or city: 5 Miles South 2 Miles West Moran, Kans Street address of well location if in city:			3. Owner of well: George Covey R.R. or street: City, state, zip code: Moran, Kans		
4. Locate with "X" in section below: 			6. Bore hole dia. 8 1/2 in. Completion date 11/14/77 Well depth 64 ft.		
5. Type and color of material			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 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 Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 15 lbs./ft. Dia. 6 in. to 6 1/2 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No.		
			10. Screen: Manufacturer's name Sealover Type 100 Dia. 6" Slot/gauze X Length 4 1/2 Set between 20 ft. and 64 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4"		
			11. Static water level: 20 ft. below land surface Date 11/14/77 12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date			14. Well head completion: 16 Inches above grade <input type="checkbox"/> Pitless adapter		
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 10 ft.			16. Nearest source of possible contamination: Septic ft. 100 Direction E Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts 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			18. Elevation:		
19. Remarks: (Use a second sheet if needed)			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. Eureka Well Service 296 Business name License No. Address Eureka, Kans Signed True Albrecht Date 11-14-77 Authorized representative		

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

Form WWC-5