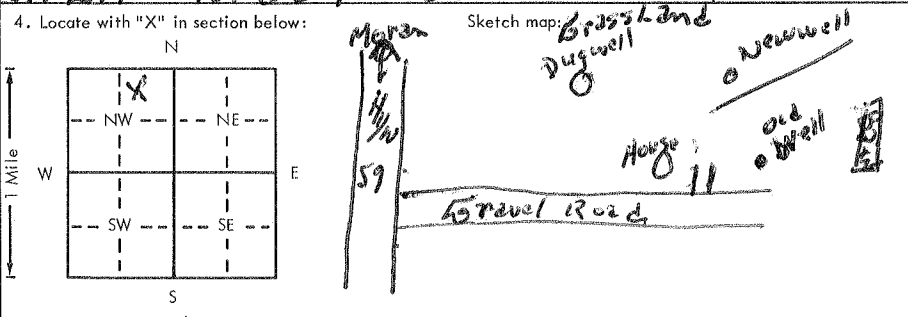


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Allen</b>	Fraction <b>NW 1/4 NE 1/4 NN 1/4</b>	Section number <b>4</b>	Township number <b>T 26</b>	Range number <b>S R 21 E/W</b>
2. Distance and direction from nearest town or city: <b>6 Miles South Moran, Ks. &amp; 3 Miles East</b>			3. Owner of well: <b>Garyl Fewins</b> R.R. or street: City, state, zip code: <b>Moran, Kansas</b>			
4. Locate with "X" in section below: 			6. Bore hole dia. <b>8 1/2</b> in. Completion date <b>3/16/79</b> Well depth <b>75</b> 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 <b>Jetset</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>6</b> in. to <b>29</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No <b>223</b>			
			10. Screen: Manufacturer's name Type <b>None</b> Dia. Slot/gauze Length Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input type="checkbox"/> Size range of material			
			11. Static water level: <input type="checkbox"/> mo./day/yr. <b>38</b> ft. below land surface Date <b>3/16/79</b>			
			12. Pumping level below land surface: <input type="checkbox"/> ft. after <b>No Test</b> 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"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date			
			14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade			
			15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.			
			16. Nearest source of possible contamination: ft. <b>30</b> Direction <b>East</b> Type <b>Dugwell</b> 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 <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			
18. Elevation:			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>Nichols Well Drilling 377</b> Business name License No. Address <b>RR 2 Liberal Mo 64762</b> Signed <b>Richard Nichols</b> Date <b>3/16/79</b> Authorized representative			
19. Remarks: <b>Bailon Test on Well</b> <b>Approx 1 1/2 to PM</b> <b>Good Drainage -</b>						

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

Form WWC-5