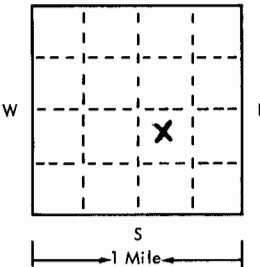


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Sumner	Township name Bell Plaine	Fraction NE 1/4 SW 1/4	Section number 11	Town number 30S	Range number 1E
Distance and direction from nearest town or city: 1 1/4 mile south of			3 Owner of well: Harold Boone			
Street address of well location if in city: Belle Plaine Road out of Mulvane, Kansas			Address: Route 1 Box 204 Mulvane, Kansas 67110			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 40 ft. Date of completion 5-20-75 Well diameter 11 in.
2 Type and color of material			From		To	
			Dirt and Sandy Loam		0	3
Fine Sand		3	15	5 <input type="checkbox"/> Cable tool <input checked="" 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		
Med. Sand		15	40	6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
			7 Casing: Material styrene Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 5 in. to 40 ft. depth Weight _____ lbs./ft. _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			8 Screen: Manufacturer Sunflower Plastic Type Styrene Dia. 5" Slot/gauze .005 Length 20' Set between 20 ft. and 40 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1-1/8"			
			9 Static water level: 15 ft. below land surface Date 5-20-75			
			10 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.			
			11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			
			12 Well head completion: capped <input type="checkbox"/> Pitless adapter 12 <input checked="" type="checkbox"/> Inches above grade			
			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 10 ft.			
			14 Nearest source of possible contamination: ft. 80 Direction NE Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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			
16 Remarks: elevation Flat Ground			17 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. Harp Well & Pump 236 Business name License No. 67209 Address Wichita, Kansas Signed [Signature] Date 5-21-75 Authorized representative			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5