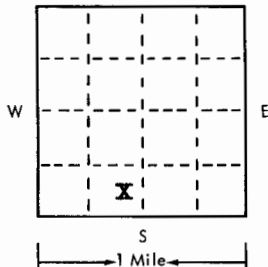


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County Sumner	Township name Gore	Fraction SE 1/4 SW 1/4	Section number 4	Town number 30S	Range number 2E		
Distance and direction from nearest town or city: 1 mile East, 1/4 mile South of Mulvane, Kansas			3 Owner of well: Robert Redinger Address: R. R. #1 Mulvane, Kansas					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: #2		4 Well depth: 43 ft. Date of completion 7-17-75 Well diameter 11 in.			
2 Type and color of material			From		To			
			Top Soil		0 2		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	
			Clay		2 15		6 Use: <input type="checkbox"/> Domestic <input checked="" 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"/>	
			Blue Shale		15 43		7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Digm. 5 in. to 43 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 5 in. to 43 ft. depth	
							8 Screen: Manufacturer Certain-Teed Type PVC Dia. 5" Slot/gauze .005 Length 13 Set between 30 ft. and 43 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2-1/8"	
							9 Static water level: 25 ft. below land surface Date 7-17-75	
							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 20 ft.	
				14 Nearest source of possible contamination: NONE ft. ____ Direction ____ Type ____ 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 No apparent source for contamination. Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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. Address 215 S. Tyler Wichita, Kan. Signed M. Arnall Date 7-18-75 Authorized representative					

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

Form WWC-5