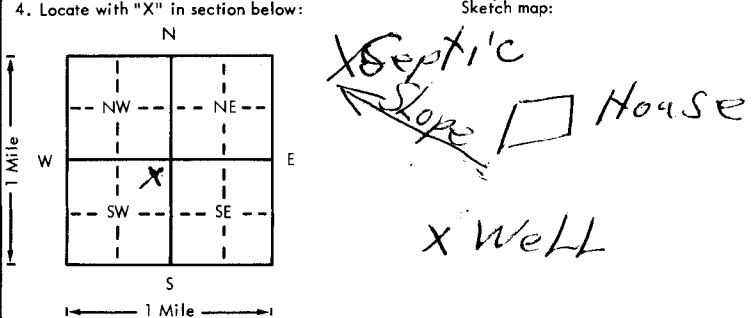


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <u>Cowley</u> Fraction <u>NE 1/4 NE 1/4 SW 1/4</u> Section number <u>13</u> Township number <u>T 30 S R 3</u> Range number <u>EW</u>	
2. Distance and direction from nearest town or city: <u>2 W 1 N</u> Street address of well location if in city: <u>Rock Kan</u> 3. Owner of well: <u>Don W. Foster</u> R.R. or street: <u>45 N. Fern</u> City, state, zip code: <u>Wichita Kan 67203</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>SOIL</u>	<u>0 5</u>
<u>Rock</u>	<u>5 20</u>
<u>Lime</u>	<u>20 60</u>
<u>Lime + shale</u>	<u>60 85</u>
<u>shale</u>	<u>85 100</u>
6. Bore hole dia. <u>8</u> in. Completion date <u>7/30/79</u> Well depth <u>100</u> ft.	
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 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>Plas</u> Height: Above or below Threading <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>1 1/2</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>100</u> lbs./ft. Dia. <u>6</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u>1/25</u> in. to <u>100</u> ft. depth gage No. <u>115</u>	
10. Screen: Manufacturer's name <u>Sun Flower</u> Type <u>100</u> Dia. <u>30</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>60</u> ft. and <u>80</u> ft. <u>ft.</u> and <u>ft.</u> Gravel pack? <u>No</u> Size range of material <u>ft.</u>	
11. Static water level: <u>50</u> ft. below land surface Date <u>7/30/79</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>60</u> ft. after <u>1</u> hrs. pumping <u>30</u> g.p.m. <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> Estimated maximum yield <u>g.p.m.</u>	
13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>7/30/79</u> mo./day/yr.	
14. Well head completion: <u>Pitless adapter</u> <u>inches</u> above grade	
15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>NW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>Winter-Well Drilling</u> Model number <u>22 Box 30 Augusta</u> HP <u>3/4</u> Volts <u>115</u> Length of drop pipe <u>ft.</u> capacity <u>g.p.m.</u> 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	
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Owner to install Concrete Slab around Well</u>
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. <u>351A</u> Business name <u>Winter-Well Drilling</u> License No. <u>1/4714</u> Address <u>22 Box 30 Augusta</u> Signed <u>Charles Winters</u> Date <u>7/30/79</u> Authorized representative	

T 30 S R 3 EW NE NE SW

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

Form WWC-5