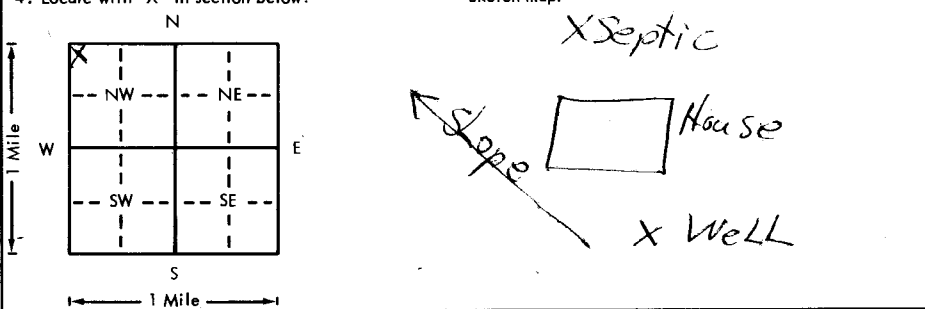


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>NW 1/4 NW 1/4 NW 1/4</u> Section number <u>4</u> Township number <u>T 30 S R 3</u> Range number <u>E/W</u>	
2. Distance and direction from nearest town or city: <u>* 3 N OF Udal Kan</u> 3. Owner of well: <u>Carl Linn Mc Marian</u> R.R. or street: <u>1133 Fairview</u> City, state, zip code: <u>Wichita</u>	
4. Locate with "X" in section below: Sketch map: <u>X Septic</u> 	
6. Bore hole dia. <u>4</u> in. Completion date <u>4/28/79</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>PLS</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC Weight <u>100</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall thickness: inches or Dia. <u>1175</u> in. to <u>1175</u> ft. depth gage No. <u>1175</u>	
5. Type and color of material	
	From To
<u>Clay Red</u>	<u>0 10</u>
<u>Rock</u>	<u>10 15</u>
<u>Shale</u>	<u>15 40</u>
<u>Lime</u>	<u>40 55</u>
<u>Shale</u>	<u>55 75</u>
<u>Lime</u>	<u>75 85</u>
<u>Shale</u>	<u>85 100</u>
<input checked="" type="checkbox"/> Screen: Manufacturer's name <u>SUN FLOWER</u> Type <u>100</u> Dia. <u>5</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>75</u> ft. and <u>85</u> ft. ft. and <u>75</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>2/8</u>	
<input checked="" type="checkbox"/> Static water level: <u>40</u> ft. below land surface Date <u>4/28/79</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>55</u> ft. after <u>1</u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
14. Well head completion: <u> </u> Pitless adapter <u> </u> inches above grade	
<input checked="" type="checkbox"/> Well grouted? <u>Yes</u> With: <u> </u> Neat cement <input checked="" type="checkbox"/> Bentonite <u> </u> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: ft. <u>200</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> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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	
(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 concret slab around well head</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>3514</u> Business name <u>Winter Well Drill</u> License No. <u> </u> Address <u>R2 Box 30</u> Signed <u>Charles Winters</u> Date <u>5/1/79</u> Authorized representative	

T 30 S R 3 E Sec 4

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

Form WWC-5