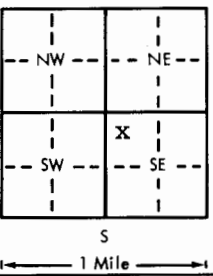


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Cowley</b>	Fraction <b>1/4 NW 1/4 SE 1/4</b>	Section number <b>6</b>	Township number <b>T 31 S</b>	Range number <b>R 3W <b>Q</b>W</b>	
2. Distance and direction from nearest town or city: <b>1 Mile West of Udall and 1/4 Mile South</b> Street address of well location if in city: <b>Udall, Kansas</b>				3. Owner of well: <b>A.C. Webb</b> R.R. or street: <b>RR#3 Box 2A</b> City, state, zip code: <b>Udall, Kansas</b>			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				Sketch map: 		6. Bore hole dia. <b>1 1/2</b> in. Completion date _____ Well depth <b>70</b> ft. <b>4-27-77</b>	
5. Type and color of material				From	To	7. <input checked="" 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	
Topsoil				0	3	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	
Clay				3	20	9. Casing: Material <b>Styrene</b> Height: Above or below/ Threading <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>70</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>.200</b>	
Shale				20	70	10. Screen: Manufacturer's name <b>Sunflower Plastic</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/maze <b>.06</b> Length <b>50'</b> Set between <b>20</b> ft. and <b>70</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8"</b>	
						11. Static water level: _____ mo./day/yr. <b>20</b> ft. below land surface Date <b>4-27-77</b>	
						12. 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.	
						13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
						14. Well head completion: <b>Well Seal</b> <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
						15. Well grouted? <b>yes</b> to <b>2</b> fine sand mix. With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>40"</b> ft. to <b>14</b> ft.	
						16. Nearest source of possible contamination: <b>Tank</b> ft. <b>200</b> Direction <b>North</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						17. Pump: _____ Not installed Manufacturer's name <b>Sta-Rite</b> Model number <b>20P4D02</b> HP <b>3/4</b> Volts <b>230</b> Length of drop pipe <b>60</b> ft. capacity <b>20</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other	
(Use a second sheet if needed)							
18. Elevation:		19. Remarks:					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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>Harp Well &amp; Pump 236</b> Business name License No. Address <b>Wichita, Kansas</b> Signed <b>M. Arnold</b> Date <b>7-2-77</b> Authorized representative					

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

Form WWC-5

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