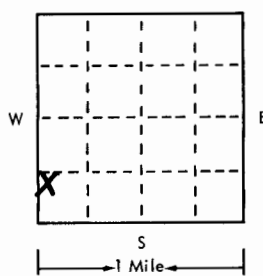


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Cowley	Township name Fairview	Fraction NE 1/4, SW 1/4	Section number 34	Town number EX31 S	Range number 4 E		
Distance and direction from nearest town or city: 3 1/2 miles North of Winfield			3 Owner of well: Rex Finley Address: R.R. 1 Winfield, Kansas 67156					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <u>92</u> ft. Date of completion <u>6-8-75</u> Well diameter <u>10</u> in.		
2 Type and color of material			From	To	5 <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			
			Red Clay		0	12'	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"/>	
			Cream Colored Limestone		13	28	7 Casing: Material <u>RMP</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>6</u> in. to <u>90</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth Weight <u>155</u> lbs./ft. <u>100</u>	
			Grey Colored Limestone		29	38	8 Screen: Manufacturer <u>Sunflower</u> Type <u>RMP</u> Dia. <u>6"</u> Slot/gauze <u>1/8"</u> Length <u>20'</u> Set between <u>70</u> ft. and <u>90</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/2"</u>	
			Gray Schale		39	56	9 Static water level: <u>22</u> ft. below land surface Date <u>6-8-75</u>	
			Cream Colored Limestone		57	69	10 Pumping level below land surfaces: <u> </u> ft. after <u> </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> </u> g.p.m.	
			Grey Schale		70	79	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
			Cream colored Limestone		80	83	12 Well head completion: <u>No</u> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
			Course gravel & sand		84	90	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"/> <u> </u> Depth: From <u>0</u> ft. to <u>20</u> ft.	
			Gray mud		91	95	14 Nearest source of possible contamination: ft. <u>75</u> Direction <u>East</u> Type <u>Septic tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(use a second sheet if needed)			15 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.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 Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" 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. <u>Eastman Drilling 299</u> Business name License No. Address <u>1007 E 19th</u> Signed <u>Bob Eastman</u> Date <u>6-12-75</u> Authorized representative		

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

Form WWC-5