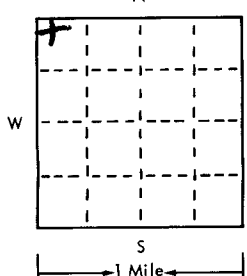


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

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

1 Location of well:	County Cowley	Township name Vernon	Fraction NW 1/4 NW 1/4	Section number 29	Town number 32 S	Range number 4 R
Distance and direction from nearest town or city: 1/2 mile west of Winfield			3 Owner of well: Roy Selph Address: #6 Sharon Acres Winfield, Kansas			
Locate with "X" in section below: 			Sketch map: 1/2 mile			
2 Type and color of material			From	To	4 Well depth: 80 ft. Date of completion 9-30-75 Well diameter 10 in.	
Top soil			0	3'	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			3'	12'	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
1" Dia gravel			12'	19'	7 Casing: Material RMP Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 15 in. Diam. 6 in. to 80 in. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 100 lbs./ft.	
Soft limestone			19'	30'	8 Screen: Sunflower Manufacturer RMP Dia. 6 in. Type RMP Slot/gauze 1/8 Length 20' Set between 60 ft. and 80 ft. Fittings: Grovel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 5/8	
Gray Shale			30'	55'	9 Static water level: 60 ft. below land surface Date 9-25-75	
Limestone			55'	70'	10 Pumping level below land surfaces: NA ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 g.p.m.	
Course gravel (1" to 1 3/4")			70'	80'	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input 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 15 ft.	
					14 Nearest source of possible contamination: septic tank ft. 60 Direction East 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 Topography: <input checked="" type="checkbox"/> Hill <input 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. Eastman Drilling 299 Business name _____ License No. _____ Address 1007 E 12th Winfield Signed Ed Eastman Date 10-7-75 Authorized representative			

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

Form WWC-5