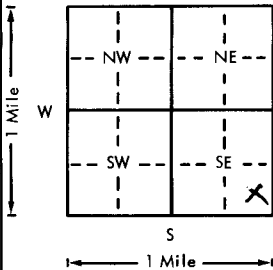


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Labette</u>	Fraction <u>SW 1/4 SE 1/4 SE 1/4</u>	Section number <u>15</u>	Township number T <u>33</u> S R <u>21</u> <u>EW</u>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <u>Lee McCullif</u> R.R. or street: City, state, zip code: <u>Oswego, Kansas</u>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 				6. Bore hole dia. <u>9</u> in. Completion date <u>2-18-77</u> Well depth <u>100</u> ft.		
5. Type and color of material				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 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>20</u> lbs./ft. Dia. <u>6</u> in. to <u>42</u> ft. depth Wall Thickness: inches or Dia. <u>0.219</u> in. to <u>0.219</u> ft. depth gage No. <u>0.219</u>		
				10. Screen: Manufacturer's name <u>None</u> Type <u>        </u> Dia. <u>        </u> Slot/gauze <u>        </u> Length <u>        </u> Set between <u>        </u> ft. and <u>        </u> ft. <u>        </u> ft. and <u>        </u> ft. Gravel pack? <u>No</u> Size range of material <u>        </u>		
				11. Static water level: <u>30</u> ft. below land surface Date <u>2-18-77</u> mo./day/yr.		
(Use a second sheet if needed)				12. 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>3921</u> g.p.m.		
				13. Water sample submitted: <u>        </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>        </u>		
				14. Well head completion: <u>        </u> Pitless adapter <u>12</u> inches 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>35</u> ft.		
				16. Nearest source of possible contamination: ft. <u>        </u> Direction <u>        </u> Type <u>None</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)				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		
				18. Elevation:		
				19. Remarks: <u>4x4 Concrete Slab Run</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>345</u> Business name <u>Moore Dilling</u> License No. <u>        </u> Address <u>        </u> Signed <u>Delbert Moore</u> Date <u>4-18-77</u> Authorized representative		
				Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		

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

Form WWC-5