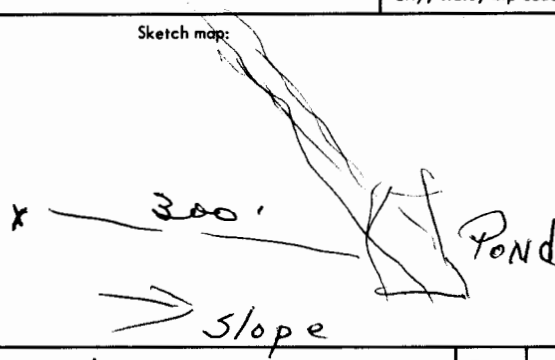


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Nw 1/4 Nw 1/4 Nw 1/4</b>	Section number <b>9</b>	Township number <b>T 33 S R 5 E</b>	Range number <b>5</b>
2. Distance and direction from nearest town or city: <b>5 E. 3 S. Winfield, Kansas</b> Street address of well location if in city:			3. Owner of well: <b>Philip Bogner</b> R.R. or street: <b>R.R. 5 Winfield, Kansas 67156</b> City, state, zip code:			
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 			6. Bore hole dia. <b>8</b> in. Completion date <b>11-1-77</b> Well depth <b>100</b> 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
Soil Shattered lime, buff Limestone, grey Flinty, lime, grey TD 100 ft.			9. Casing: Material <b>Iron</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <b>8</b> PVC <b>12</b> Weight <b>25</b> lbs./ft. Dia. <b>8</b> in. to <b>12</b> ft. depth Wall Thickness: inches or Dia. <b>8</b> in. to <b>12</b> ft. depth gage No.			
			10. Screen: Manufacturer's name <b>None</b> Type <b>None</b> Dia. <b>None</b> Slot/gauze <b>None</b> Length <b>None</b> Set between <b>None</b> ft. and <b>None</b> ft. <b>None</b> ft. and <b>None</b> ft. Gravel pack? <b>None</b> Size range of material <b>None</b>			
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			11. Static water level: <b>12</b> ft. below land surface Date <b>11-7-77</b> mo./day/yr.			
			12. Pumping level below land surfaces: <b>12</b> ft. after <b>12</b> hrs. pumping <b>20</b> g.p.m. <b>12</b> ft. after <b>12</b> hrs. pumping <b>20</b> g.p.m. Estimated maximum yield <b>20</b> g.p.m.			
(Use a second sheet if needed)			13. Water sample submitted: <b>12</b> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>11-7-77</b>			
			14. Well head completion: <b>12</b> inches above grade <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade			
19. Remarks: Well did not yeild enough water but is being retained for possible use at a latter time, Casing is sealed with a metal cap for protection.			15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>12</b> ft.			
			16. <b>300</b> ft. source of possible contamination: <b>SE</b> Direction <b>Pond</b> Type <b>Pond</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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>Bailey Drilling Co. 209</b> Business name License No. Address <b>Box 192 Burden, Kans. 67004</b> Signed <b>Ronald E. Bailey</b> Date <b>11-8-77</b> Authorized representative			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <b>None</b> Model number <b>None</b> HP <b>None</b> Volts <b>None</b> Length of drop pipe <b>None</b> ft. capacity <b>None</b> 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			

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

Form WWC-5