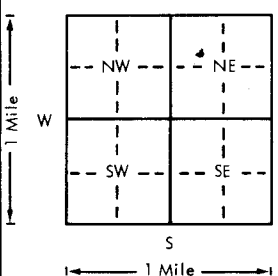


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 MONTGOMERY Fraction NW 1/4 NE 1/4 1/4 Section number 36 Township number T 34 S R 15 E/W Range number	
2. Distance and direction from nearest town or city: 1/2 MILE SOUTH 1/2 MILE WEST Street address of well location if in city: SO. SIDE OF ROAD OF DEARING KANS	
3. Owner of well: ALFRED D. NOAKES R.R. or street: RT 1 City, state, zip code: COFFEYVILLE KANS.	
4. Locate with "X" in section below: Sketch map: NO SEPTIC TANK 	
5. Type and color of material	
CLAY	From 0 To 10
SAND ROCK	WATER 19 FT From 10 To 25
GRAY SHALE	From 25 To 49
6. Bore hole dia. 9 in. Completion date 8-22-78 Well depth 49 ft.	
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 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	
9. Casing: Material ASCEC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP PVC 40 Weight _____ lbs./ft. Dia. 6 in. to 19 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 0.320	
10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____	
11. Static water level: _____ mo./day/yr. 19 ft. below land surface Date 8-22-78	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1 g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
16. Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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	
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: CUSTOMER TO INSTALL CONCRETE SLAB. HE KNOWS THIS IS A STATE REGULATION.
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. MOORE DRILLING Co. 345 Business name BOX 22 License No. _____ Address DEARING KANS 62340 Signed Delbert D. Moore Date 8/22/78 Authorized representative	

T 34
 R 15
 E/W
 Sec 36
 NW NE

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

Form WWC-5