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

WATER WELL RECORD
KSA 82a-1201-1215

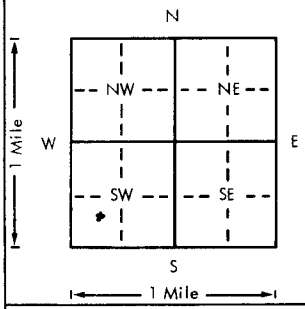
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	MONTGOMERY	SW 1/4 SW 1/4 1/4	16	T 34 S	R 16 E/W

2. Distance and direction from nearest town or city: 2 MILE NORTH OF COFFEYVILLE KS. ON CLINE ROAD
Street address of well location if in city: 1 MILE WEST 1/4 MILE NORTH

3. Owner of well: SUK SONG
R.R. or street: 2201 WALNUT LOT 21
City, state, zip code: COFFEYVILLE KANS 67337

4. Locate with "X" in section below:



Sketch map: NO HOUSE

6. Bore hole dia. 9 in. Completion date 9-11-78
Well depth 45 ft.

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PLASTIC Height: (Above or below)
Threaded __ Welded __ Surface 16 in.
RMP __ PVC SCH 40 Weight __ lbs./ft.
Dia. 6 in. to 18'8" ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No. 0.320

5. Type and color of material	From	To
SAND ROCK WATER FROM 20' TO 22'	0	22
GRAY SHALE	22	38
LIME	38	45

(Use a second sheet if needed)

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.
5 ft. below land surface Date 9-11-78

12. Pumping level below land surfaces:
__ ft. after __ hrs. pumping __ g.p.m.
__ ft. after __ hrs. pumping __ g.p.m.
Estimated maximum yield 2 1/2 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter __ Inches above grade

15. Well grouted? YES
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: NONE
ft. __ Direction __ Type
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name
Model number __ HP __ Volts
Length of drop pipe __ ft. capacity __ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
X Slope
__ Upland
__ Valley

19. Remarks: CUSTOMER TO INSTALL CONCRETE SLAB. HE KNOWS THIS IS A 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.
Business name MOORE DRILLING Co. License No. 345
Address BOX 22 DEARING KANS 67340
Signed __ Authorized representative Date

T 34 R 16 E/W Sec 16 1/4 1/4 1/4 SW SW

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

Form WWC-5

MI-1023