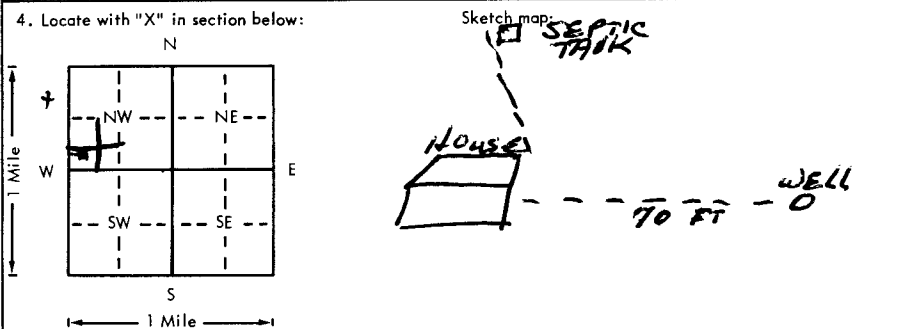


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SW 1/4 SW 1/4 NW 1/4 Section number 16 Township number T 34 S R 16 E/W	
2. Distance and direction from nearest town or city: 1 MILE NORTH OF DEARING, K.S. 2 MILE EAST 1/4 Street address of well location if in city: NORTH, EASTSIDE	
3. Owner of well: GARY PIPPIN R.R. or street: 1314 W. 7th City, state, zip code: COFFEYVILLE KANS. 67337	
4. Locate with "X" in section below: 	
6. Bore hole dia. 9 in. Completion date 11-3-78 Well depth 40 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 PLASTIC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP PVC 40 Weight 12 lbs./ft. Dia. 6 in. to 19 ft. depth Wall Thickness: inches or Dia. 0 in. to 0 ft. depth Gauge No. 01320	
10. Screen: Manufacturer's name NO SCREEN Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____	
11. Static water level: _____ mo./day/yr. 15 ft. below land surface Date 11-3-78	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 5 g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
14. Well head completion: _____ 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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other _____	
(Use a second sheet if needed)	
18. Elevation: Topography: _____ Hill _____ Slope _____ Upland _____ 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. MORRE DRILLING Co. 345A Business name Box 2 License No. LEON KANS. Address Delbert Moore Signed Delbert Moore Date 11-3-78 Authorized representative	

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

Form WWC-5

34 T 34 R 16 W 16 Sec 16 SW SW NW