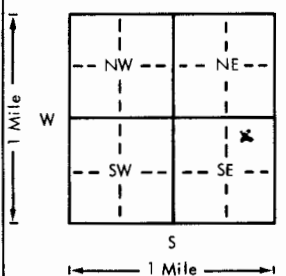


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 NE 1/4 SE 1/4	1	T 35 S	R 13 E E/W
2. Distance and direction from nearest town or city:		1 mile NORTH OF CANEY KANSAS		3. Owner of well: DONALD WAGNER		
Street address of well location if in city:		LOT #6 NO. CANEY HEIGHTS		City, state, zip code: CANEY KANSAS 67333		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9 in. Completion date 8-15-78		
				Well depth 215 ft.		
5. Type and color of material		From		To		7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug
CLAY		0		40		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
GRAY SHALE		40		125		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry
SANDY SHALE		125		165		<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock
SAND		165		215		<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
						9. Casing: Material _____ Height: Above or below
						Threaded _____ Welded _____ Surface 12 in.
						RMP _____ PVC 40 Weight _____ lbs./ft.
						Dia. 6 in. to 50 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.
						120 ft. below land surface Date 8-15-78
						12. Pumping level below land surfaces:
						_____ ft. after _____ hrs. pumping _____ g.p.m.
						_____ ft. after _____ hrs. pumping _____ g.p.m.
						Estimated maximum yield 3 g.p.m.
						13. Water sample submitted: _____ mo./day/yr.
						Yes <input checked="" type="checkbox"/> No <input 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 50 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
18. Elevation:		19. Remarks: CUSTOMER TO INSTALL CONCRETE SLAB. HE KNOWS THIS IS A STATE REGULATION		20. Water well contractor's certification:		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				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 _____ License No. _____		
				Address _____		
				Signed _____ Date 8/15/78		
				Authorized representative		

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

Form WWC-5