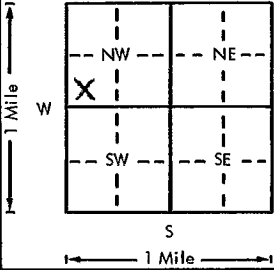


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Washington</u> Fraction <u>SW 1/4 SW 1/4 NW 1/4</u> Section number <u>12</u> Township number <u>T 4 S</u> Range number <u>R 3 E/W</u>	
2. Distance and direction from nearest town or city: <u>2N 2E 1/2 N</u> Street address of well location if in city: <u>of Finn</u>	
3. Owner of well: <u>Melvin Stunkel</u> R.R. or street: <u>#1</u> City, state, zip code: <u>Greenleaf, Ks 66943</u>	
4. Locate with "X" in section below:  Sketch map:	
5. Type and color of material	
	From To
<u>clay</u>	<u>0 5</u>
<u>sand rock</u>	<u>5 12</u>
<u>clay</u>	<u>12 30</u>
<u>clay + sand rock</u>	<u>30 45</u>
<u>soft sand rock</u>	<u>45 75</u>
<u>sand rock</u>	<u>75 89</u>
<u>shale</u>	
(Use a second sheet if needed)	
18. Elevation: <u>1415'</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:
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. <u>Geo Cox & Sons Inc 258</u> Business name _____ License No. _____ Address <u>Clifton, Kansas</u> Signed <u>Francis Cox</u> Date <u>10-12-77</u> Authorized representative	
6. Bore hole dia. <u>18</u> in. Completion date <u>10-11-77</u> Well depth <u>89</u> ft.	
7. <input type="checkbox"/> Cable tool <input checked="" 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 <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>3</u> lbs./ft. Dia. <u>5</u> in. to <u>89</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>258</u>	
10. Screen: Manufacturer's name <u>PUMPCO</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>1/16"</u> Length <u>20</u> Set between <u>69</u> ft. and <u>89</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/16-1/4</u>	
11. Static water level: <u>14</u> ft. below land surface Date <u>10-11-77</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>30</u> ft. after <u>1/2</u> hrs. pumping <u>80</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>200</u> g.p.m.	
13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
15. Well grouted? <u>YES</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>N</u> Type <u>septic tank</u> 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	

T 4
R 3
E/W
12
1/4
1/4
1/4
SUSPENDED

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

Form WWC-5