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

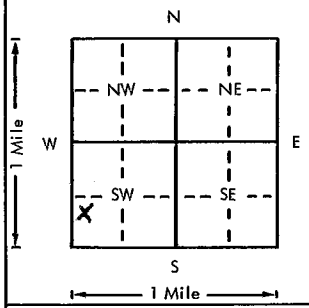
1. Location of well:	County	Fraction	Section number	Township number	Range number
	WASHINGTON	SW 1/4 SW 1/4 SW 1/4	17	T 5 S	R 2 (E) W

2. Distance and direction from nearest town or city: 3 N-2-E
Street address of well location if in city: CLIFTON

3. Owner of well: FRANCIS LONG
R.R. or street: R-ROUTE
City, state, zip code: CLIFTON, KANS 66937

4. Locate with "X" in section below:

Sketch map:



5. Type and color of material	From	To
TOPSOIL	0	3
BROWN CLAY	3	20
SANDROCK	20	40
BLUE CLAY	40	100
STOP	100	

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date 9-15-78
Well depth 96 ft.

7. __ Cable tool X 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 PVC Height: (Above) or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC X Weight 3 lbs./ft.
Dia. 5 in. to ___ ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1258

10. Screen: Manufacturer's name PUMPCO
Type PVC Dia. 5"
(Slot) gauze 1/16 Length 20'
Set between 76 ft. and 96 ft.
35 ft. and 45 ft.
Gravel pack? YES Size range of material 1/8 x 1/4

11. Static water level: mo./day/yr.
40 ft. below land surface Date ___

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after N/A hrs. pumping ___ g.p.m.
Estimated maximum yield 3 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date 9-15-78

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? YES
With: X Neat cement __ Bentonite __ Concrete
Depth: From 3 ft. to 13 ft.

16. Nearest source of possible contamination:
ft. 75 Direction NORTH Type LOTS
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: 1350'
Topography:
X Hill
__ Slope
__ Upland
__ 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.
DARYL COX & SONS INC 359
Business name License No.
Address CLIFTON, KANS 66937
Signed Daryl Cox Date 12-15-78
Authorized representative

T 5 R 2 (E) W Sec 17 1/4 SW 1/4 SW 1/4 SW 1/4

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

Form WWC-5

MI-1023