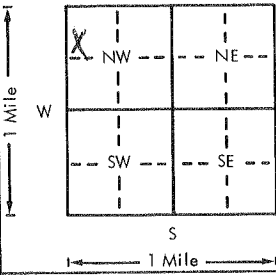


R12

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>CLAY</u>	Fraction <u>SW 1/4 NW 1/4 NW 1/4</u>	Section number <u>19</u>	Township number T <u>6</u> S R	Range number <u>2</u> <u>EW</u>
2. Distance and direction from nearest town or city: <u>1 E-3 S</u> Street address of well location if in city: <u>1/2 W CLIFTON</u>				3. Owner of well: <u>LEO REED JR</u> R.R. or street: <u>R-ROUTE</u> City, state, zip code: <u>CLIFTON, KANS 66937</u>		
4. Locate with "X" in section below: 				Sketch map:		
5. Type and color of material				From	To	
6. Bore hole dia. <u>28</u> in. Completion date <u>12-15-78</u> Well depth <u>72</u> ft.				7. <input 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 checked="" type="checkbox"/> Reverse rotary		
8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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>AC</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30</u> lbs./ft. Dia. <u>1 1/2</u> in. to <u>72</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>34"</u>		
10. Screen: Manufacturer's name <u>JOHNSON CONCRETE</u> Type <u>AC</u> Dia. <u>16"</u> Slot/gauze <u>1/8</u> Length <u>26'</u> Set between <u>46</u> ft. and <u>72</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <u>YES</u> Size range of material <u>4x5</u>				11. Static water level: <u>16</u> ft. below land surface Date <u>12-15-78</u> mo./day/yr.		
12. Pumping level below land surfaces: <u> </u> ft. after <u>1 hr.</u> pumping <u> </u> g.p.m. <u> </u> ft. after <u>1 hr.</u> pumping <u> </u> g.p.m. Estimated maximum yield <u>2000</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>24</u> Inches above grade				15. Well grouted? <input checked="" type="checkbox"/> 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: <u>REPUBLICAN</u> ft. <u>1500</u> Direction <u>WEST</u> Type <u>RIVER</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>WESTERN LAND ROLLER</u> Model number <u>412KB</u> HP <u>100</u> Volts <u>480</u> Length of drop pipe <u>60</u> ft. capacity <u>1100</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
(Use a second sheet if needed)				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>DARYL COX + SONS INC 359</u> Business name License No. <u> </u> Address <u>CLIFTON, KANS 66937</u> Signed <u>Daryl Cox</u> <u>12-17-78</u> Date Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5