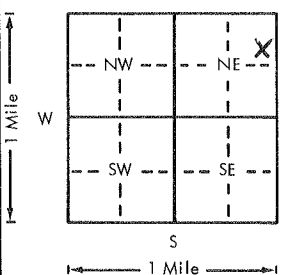


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>CLAY</b>	Fraction <b>SE 1/4 NE 1/4 NE 1/4</b>	Section number <b>20</b>	Township number T <b>6</b> S	Range number R <b>2</b> <b>EW</b>		
2. Distance and direction from nearest town or city: Street address of well location if in city:		3. Owner of well: R.R. or street: City, state, zip code:					
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>8</u> in. Completion date <u>12-16-76</u> Well depth <u>36</u> ft.			
5. Type and color of material		From		To			
		TOP SOIL + CLAY		0 15			
		SAND		15 23			
		FINE GRAVEL		23 29			
		FAIR "		29 36			
		SAND		36 40			
		FAIR GRAVEL		40 48			
		SHALE		48			
		(Use a second sheet if needed)					
		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>36</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>36</u> ft. depth gage No. <u>SP-12</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>10</u> Set between <u>26</u> ft. and <u>36</u> ft. ft. and _____ ft. Gravel pack? <u>YES</u> Size range of material <u>1/8"</u>		11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>12-16-76</u>		12. Pumping level below land surfaces: <u>NONE</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>40</u> g.p.m.			
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		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: <u>NONE</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <u>MAC</u> <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		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 &amp; SONS, INC 2SP</u> Business name _____ License No. _____ Address <u>GLIFTON KS 66937</u> Signed <u>Juanita Cox</u> Date <u>12-29-76</u> Authorized representative			
18. Elevation:	19. Remarks: <b>BILLY SCHWAB - TENANT</b>		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 &amp; SONS, INC 2SP</u> Business name _____ License No. _____ Address <u>GLIFTON KS 66937</u> Signed <u>Juanita Cox</u> Date <u>12-29-76</u> Authorized representative				
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