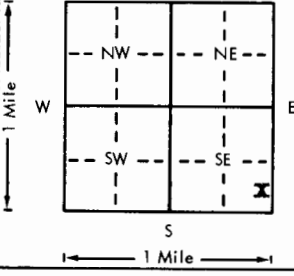


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

<input checked="" type="checkbox"/> Location of well:	County <b>Clay</b>	Fraction <b>SE 1/4 SE 1/4 SE 1/4</b>	Section number <b>35</b>	Township number T <b>7</b> S R <b>1 E</b> E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>11 - South of Clifton</b>			3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>43</b> ft. <b>8/9/79</b>		
5. Type and color of material			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 checked="" 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		
From			9. Casing: Material <b>PVC</b> Height: Above <del>xxxx</del> Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>3</b> lbs./ft. Dia. <b>5</b> in. to <b>43</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <b>.258</b>		
			10. Screen: Manufacturer's name _____ <b>Pumpco Supply</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>1/16</b> Length <b>20</b> Set between <b>23</b> ft. and <b>43</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8 - 1/4</b>		
Top soil & clay			0	11	11. Static water level: <b>30</b> ft. below land surface Date <b>8/9/79</b> mo./day/yr.
Sandrock			11	13	12. Pumping level below land surfaces: <b>40</b> ft. after <b>1</b> hrs. pumping <b>4</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>4</b> g.p.m.
Clay			13	18	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
Sandrock			18	26	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade
Clay & rock			26	31	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to <b>10</b> ft.
Sandrock			31	43	16. Nearest source of possible contamination: <b>None</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clay			43	45	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
Stopped in clay			45		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. <b>Cox - Beswick</b> <b>361</b> Business name <b>Clifton, Kansas</b> License No. <b>66937</b> Address <b>Francis Cox</b> Date <b>8/23/79</b> Signed _____ Authorized representative
(Use a second sheet if needed)					
18. Elevation:  Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:				

T-7-10-35 SE SE SE  
R-10-35 SE SE SE  
W-10-35 SE SE SE  
E-10-35 SE SE SE  
S-10-35 SE SE SE  
Sec 35

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

Form WWC-5