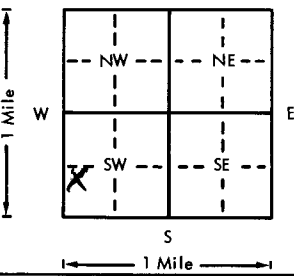


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>NW 1/4 SW 1/4 SW 1/4</u> Section number <u>20</u> Township number <u>T 7 S R 2</u> Range number <u>2</u> (E/W)	
2. Distance and direction from nearest town or city: <u>2 W - 2 3/4 S</u> Street address of well location if in city: <u>MORGANVILLE</u> 3. Owner of well: <u>ALVIN URBAN</u> R.R. or street: <u>RR</u> City, state, zip code: <u>MORGANVILLE, KANS 67468</u>	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. <u>8</u> in. Completion date <u>3/16/77</u> Well depth <u>48</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 <u>Above</u> 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>48</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>48</u> ft. depth gage No. <u>258</u>	
5. Type and color of material	
	From To
<u>TOPSOIL</u>	<u>0</u> <u>3</u>
<u>BROWN CLAY</u>	<u>3</u> <u>31</u>
<u>SAND</u>	<u>31</u> <u>34</u>
<u>GRAVEL</u>	<u>34</u> <u>45</u>
<u>GRAY CLAY</u>	<u>45</u> <u>48</u>
<u>STOP</u>	<u>48</u>
10. Screen: Manufacturer's name <u>PUMPCO</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauge <u>1/16</u> Length <u>10'</u> Set between <u>38</u> ft. and <u>48</u> ft. ft. and <u> </u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/8 x 1/4</u>	
11. Static water level: <u>31</u> ft. below land surface Date <u>3/16/77</u> mo./day/yr.	
12. Pumping level below land surfaces: <u> </u> ft. after <u>NA</u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>15</u> g.p.m.	
13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u>SEPTIC</u> ft. <u>600</u> Direction <u>WEST</u> Type <u>FAUL</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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	
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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>GEORGE & SONS INC 258</u> Business name <u>GLIPTON KANS 66937</u> License No. <u> </u> Address <u> </u> Date <u>3/16/77</u> Signed <u> </u> Authorized representative

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NW 1/4 SW 1/4

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

Form WWC-5