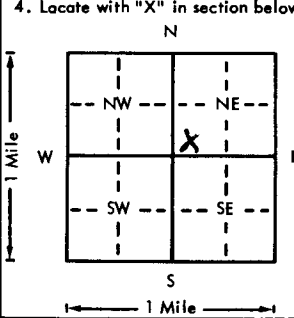


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>SW 1/4 SW 1/4 NE 1/4</b> Section number <b>28</b> Township number <b>T 9 S R 1 E</b> Range number <b>1 E</b>	
2. Distance and direction from nearest town or city: <b>1 E - 1/2 S</b> Street address of well location if in city: <b>OAKHILL</b>	
3. Owner of well: <b>CARL FENDEL JR</b> R.R. or street: <b>R ROUTE</b> City, state, zip code: <b>OAKHILL, KANSAS 67472</b>	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. <b>8</b> in. Completion date <b>6/14/76</b> Well depth <b>36</b> ft.	
7. <input checked="" 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 <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>36</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>3</b> lbs./ft. Dia. <b>5</b> in. to <b>36</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Page No. <b>1214</b>	
10. Screen: Manufacturer's name <b>PUMPCO</b> Type <b>PVC</b> Dia. <b>5"</b> Slotted gauze <b>1/4"</b> Length <b>20'</b> Set between <b>16</b> ft. and <b>36</b> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <b>1/4 x 1/4</b>	
11. Static water level: <b>5</b> ft. below land surface Date <b>6/14/76</b> mg./day/yr.	
12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input checked="" type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input checked="" type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>10</b> g.p.m.	
13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ mo./day/yr.	
14. Well head completion: <input type="checkbox"/> Pitless adapter <b>36</b> inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
16. Nearest source of possible contamination: ft. <b>50</b> Direction <b>NORTH</b> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ 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	
(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. <b>GEO LOX + SONS INC 258</b> Business name License No. Address <b>CLIFTON, KANSAS</b> Signed <b>Daryl Cox</b> Date <b>6/14/76</b> Authorized representative	

T-9  
 R-1  
 W-E  
 Sec 28  
 SUSWINE  
 1/4 1/4 1/4

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

Form WWC-5