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

WATER WELL RECORD
KSA 82a-1201-1215

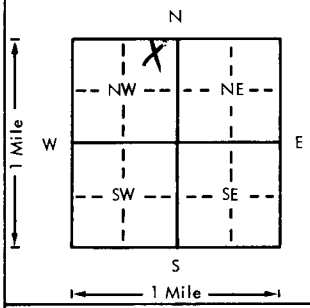
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	CLAY	NE 1/4 NE 1/4 NW 1/4	29	T 9 S	R 1 (E) W

2. Distance and direction from nearest town or city: IN
Street address of well location if in city: OAKHILL

3. Owner of well: C B ALDERSON
R.R. or street:
City, state, zip code: OAKHILL, KANS 67472

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 8 in. Completion date
Well depth 60 ft. 7-5-78

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height Above or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC X Weight 3 lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1258

10. Screen: Manufacturer's name PAMPCO
Type PVC Dia. 5"
Slot/gauze 1/16 Length 20'
Set between 40 ft. and 60 ft.
___ ft. and ___ ft.
Gravel pack? YES Size range of material 3/8 x 1/4

5. Type and color of material	From	To
TOPSOIL	0	3
BROWN CLAY	3	19
SANDY ROCKY GRAVEL	19	44
BLUE CLAY	44	60
STOP	60	

(Use a second sheet if needed)

11. Static water level: mo./day/yr.
30 ft. below land surface Date 7-5-78

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 3 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date

14. Well head completion:
___ Pitless adapter 12 Inches above grade

15. Well grouted? YES
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: SEPTIC
ft 200 Direction SOUTH Type TANK
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

T ___ R ___ E W ___ Sec ___ 1/4 ___ 1/4 ___ 1/4 ___

18. Elevation:

Topography:
___ Hill
___ Slope
X Upland
___ 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.
DARYL COX & SONS INC 359
Business name License No.
Address CLIFTON, KANS 66937
Signed Daryl Cox Date
Authorized representative 7-5-78

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

Form WWC-5

MI-1023