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

WATER WELL RECORD
KSA 82a-1201-1215

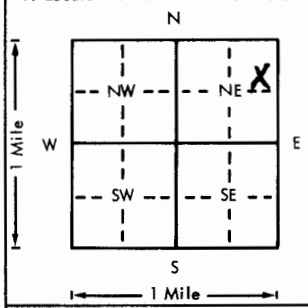
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	OTTAWA	SE 1/4 NE 1/4 NE 1/4	7	T 11 S	R 2 E (W)

2. Distance and direction from nearest town or city: 5 N - 1 E
Street address of well location if in city: BENNINGTON

3. Owner of well: KENNY GARDINER
R.R. or street: RFD 2
City, state, zip code: MINNEAPOLIS KANS 67467

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 8" in. Completion date
Well depth 80 ft. 8-18-78

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: Moteriol PVC Height: Above or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC X Weight 3 lbs./ft.
Dia. 5 in. to 80 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1258

5. Type and color of material	From	To
TOPSOIL	0	3
SANDROCK	3	18
GRAY CLAY	18	24
SANDROCK	24	78
GRAY CLAY	78	80
STOP	80	

(Use a second sheet if needed)

10. Screen: Manufacturer's name PUMPCO
Type PVC Dia. 5"
Slot gauze 1/16 Length 20'
Set between 60 ft. and 80 ft.
ft. and ft.
Gravel pack? YES Size range of material 1/8-1/4

11. Static water level: mo./day/yr.
45 ft. below land surface Date 8-18-78

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 10 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. 100 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

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.
Business name DARYL COX & SONS INC 359 License No.
Address Wilson, Kans 67437
Signed Daryl Cox Date
Authorized representative 8-19-78

T 11 R 2 E (W) Sec 7 1/4 SE 1/4 NE 1/4 NE

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

Form WWC-5

MI-1023