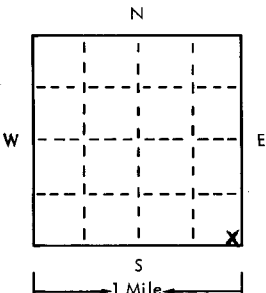


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <u>Haskell</u>	Township name	Fraction <u>SESE</u>	Section number <u>33</u>	Town number <u>T275</u>	Range number <u>R31W</u>
Distance and direction from nearest town or city: <u>9 North 4 1/2 West of Copeland, KS</u>				3 Owner of well: <u>Lynn Johnson</u> Address: <u>Box 58 Copeland Kansas</u>		
Locate with "X" in section below: 				Sketch map:		
2				4 Well depth: <u>300</u> ft. Date of completion <u>7/22/75</u> Well diameter <u>9</u> in.		
Type and color of material				5 <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		
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <u>RMP</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>16</u> in. (wall) Diam. Weight <u>310</u> lbs./ft. <u>5</u> in. to <u>260</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>   </u> in. to <u>   </u> ft. depth		
				8 Screen: Manufacturer <u>J&amp;L</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>40</u> Set between <u>260</u> ft. and <u>300</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8"</u>		
				9 Static water level: <u>183</u> ft. below land surface Date <u>7-22-75</u>		
				10 Pumping level below land surfaces: <u>   </u> ft. after <u>   </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>60</u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>   </u>		
				12 Well head completion: <u>16</u> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>3</u> ft. to <u>13</u> ft.		
				14 Nearest source of possible contamination: <u>Septic</u> ft. <u>250</u> Direction <u>SE</u> Type <u>tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 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.m.p. 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		
16 Remarks: elevation				17 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>Town Water Well Service</u> <u>192</u> Business name License No. Address <u>Box 816 Liberal, KS</u> Signed <u>C.D. Wagnon</u> Date <u>7/22/75</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				Well to be completed by: <u>Dunham Drilling</u> <u>Copeland, Kansas</u>		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5