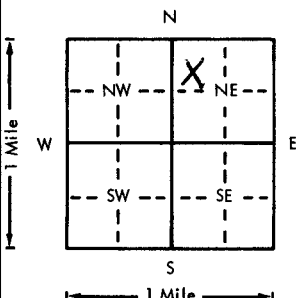
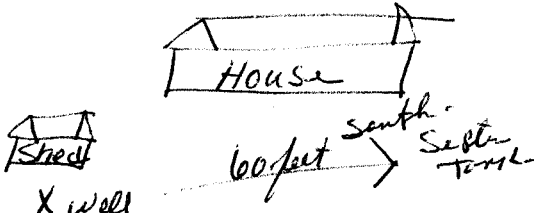


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Kingman</u>		Fraction <u>1/4 NW 1/4 NE 1/4</u>		Section number <u>29</u>		Township number T <u>27</u> S R <u>7</u> E/W		Range number					
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>1/2 mile north of Lyndon</u>				3. Owner of well: <u>Marvin Martine</u> R.R. or street: <u>RR1</u> City, state, zip code: <u>Kingman Kansas 67068</u>									
4. Locate with "X" in section below: 				Sketch map: 		6. Bore hole dia. <u>8</u> in. Completion date <u>8-29-76</u> Well depth <u>40</u> ft.							
5. Type and color of material				From		To		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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 or below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>16</u> lbs./ft. <u>40</u> Dia. <u>5</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No.			
Top Soil - Sand and Clay Clay Blue Sand Course <u>40 feet TOTAL</u> <u>Depth of Well</u> <u>Red Rock</u> <u>Bottom</u>				0		1		10. Screen: Manufacturer's name <u>East Lowell</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>4/6</u> Length <u>10</u> Set between <u>30</u> ft. and <u>40</u> ft. <u>34</u> ft. and <u>34</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material					
				11. Static water level: <u>20</u> ft. below land surface Date <u>8-30</u> mo./day/yr.						12. Pumping level below land surfaces: <u>NA</u> ft. after <u>NA</u> hrs. pumping <u>NA</u> g.p.m. <u>NA</u> ft. after <u>NA</u> hrs. pumping <u>NA</u> g.p.m. Estimated maximum yield <u>NA</u> g.p.m.			
(Use a second sheet if needed)								13. Water sample submitted: <u>NA</u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>8-29-76</u>					
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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>1</u> ft. to <u>10</u> ft.			
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				19. Remarks: <u>Concrete slab to be installed by customer at surface of ground-</u>				16. Nearest source of possible contamination: ft. <u>60</u> Direction <u>South</u> Type <u>Human</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
						17. Pump: Not installed Manufacturer's name <u>1/2 Bunker Jet Pump</u> Model number <u>HV2</u> HP <u>1/2</u> Volts <u>110</u> Length of drop pipe <u>30</u> ft. capacity <u>NA</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other							
								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>Weber Well Service 224</u> Business name <u>Wichita Kansas</u> License No. Address <u>Leon Glabe</u> Signed <u>Leon Glabe</u> Date <u>8-29-76</u> Authorized representative					

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

Form WWC-5