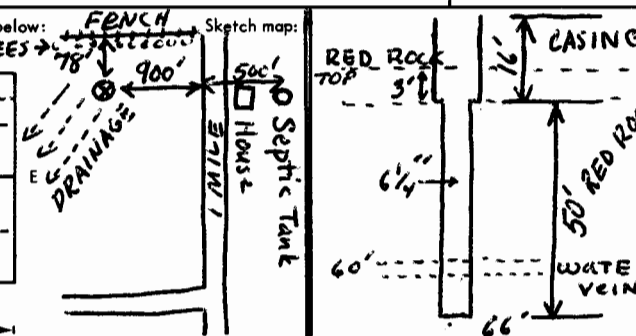


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Kingman	Fraction NW 1/4 NE 1/4 NE 1/4	Section number 32	Township number T 27 S	Range number R 7 E 10
2. Distance and direction from nearest town or city: 3/4 mi NE From edge of Kingman Street address of well location if in city:			3. Owner of well: Geo. Watson R.R. or street: 538 D East City, state, zip code: Kingman, Ks. 67068		
4. Locate with "X" in section below: N NW NE SW SE S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. 9 1/4 in. Completion date 20 Dec Well depth 66 ft.
Topsoil			0	2	7. 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
Topsoil + Clay			2	13	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Red Rock			13	60	9. Casing: Material Plastic Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 6 in. to 16 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200
Water Vein			60	-	10. Screen: Manufacturer's name _____ Jess & Lowell Type RMP Dia. 5 1/4 Slot/gauze 5/16 Length 5 1/2 Set between 1/2 ft. and 1 1/2 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4-3/8"
Red Rock			-	66	11. Static water level: _____ no./day/yr. 15 ft. below land surface Date 12/20/76
					12. Pumping level below land surfaces: _____ ft. after 2 hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 5 g.p.m.
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
					<input checked="" type="checkbox"/> Well grouted? _____ With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 11 ft.
					16. Nearest source of possible contamination: Septic ft. 1400' Direction East Type Tank Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ 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 checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input 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. Wells Drilling Co. #112 Business name _____ License No. _____ Address 1030 E. Hwy 54 Signed Dal Wells Date 1/6/77 Authorized representative		

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

Form WWC-5