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

WATER WELL RECORD
KSA 82a-1201-1215

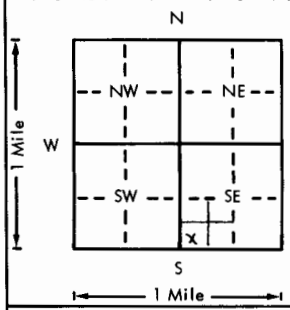
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	KINGMAN	SW 1/4 SW 1/4 SE 1/4	24	T 27 S	R 8 E/W

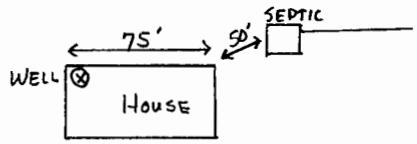
2. Distance and direction from nearest town or city: ½ MI. N. - 1½ MI. W. OF KINGMAN, KS.
Street address of well location if in city:

3. Owner of well: BILL VANLANDINGHAM
R.R. or street:
City, state, zip code: KINGMAN, KS 67068

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 10 in. Completion date 6/15/79
Well depth 70 ft.

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 PLASTIC Height: Above or below
Threaded ___ Welded GLUE Surface 12 in.
RMP ___ (PVC) SCH40 Weight 2.827 lbs./ft.
Dia. 5 in. to 40 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .258

5. Type and color of material	From	To
TOP SOIL	0	2
CLAY	2	10
FINE SAND	10	25
CLAY	25	30
FINE / MED SAND	30	45
MED / COURSE SAND	45	70
RED BED	70	

(Use a second sheet if needed)

10. Screen: Manufacturer's name PUMPCO
Type PVC Dia. 5"
Slot/gauze .030 Length 20
Set between 40 ft. and 60 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/8 - 3/8

11. Static water level: mo./day/yr.
30 ft. below land surface Date 6-15-79

12. Pumping level below land surfaces:
___ ft. after 2 hrs. pumping 60 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 100 g.p.m.

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

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

15. Well grouted? X
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 3 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. 125 Direction W Type SEPTIC
Well disinfected upon completion? X Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name STA-RITE
Model number 20P4E02 HP 1 Volts 230
Length of drop pipe 50 ft. capacity 30 g.p.m.
Type:
X Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:

Topography:
___ Hill
___ Slope
X Upland
___ Valley

19. Remarks:
NEW HOME

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.
SOUTH CENTRAL DRR. 355
Business name License No.
Address 635 So. MAIN, KINGMAN
Signed Dean K. Wallace Date 6/28/79
Authorized representative

T 27 — R 8 E — Sec 24 — SE 1/4 SW 1/4 SE 1/4

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

Form WWC-5