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

WATER WELL RECORD
KSA 82a-1201-1215

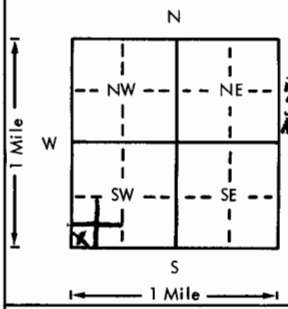
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	KINGMAN	SW 1/4 SW 1/4 SW 1/4	22	T 28 S	R 6 E/W

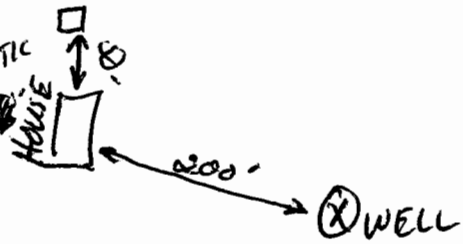
2. Distance and direction from nearest town or city: 2 mi. West
Street address of well location if in city: 1½ mi South - Murdock

3. Owner of well: LOWELL FAIRCHILD
R.R. or street: RFD 1
City, state, zip code: MURDOCK, Ks. 6711

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 10 in. Completion date 7/3/79
Well depth 39 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 PLTS Height: Above or below
Threaded ____ Welded GLUE Surface 12 in.
RMP ____ PVC SCH 40 Weight 2.827 lbs./ft.
Dia. 5 in. to 29 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. .258

5. Type and color of material	From	To
SANDY TOP SOIL	0	5
SANDY CLAY	5	15
COURSE SAND & GRAVEL	15	19
BROWN CLAY	19	36
FINE - MED SAND	36	38
RED BED	38	

(Use a second sheet if needed)

10. Screen: Manufacturer's name PUMPCO
Type PVC Dia. 5"
Slot/gauze .030 Length 10 FT
Set between 29 ft. and 39 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 1/8-3/8

11. Static water level: mo./day/yr.
10 ft. below land surface Date 7 4 79

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 20+ g.p.m.

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

14. Well head completion: N/A
__ Pitless adapter ____ Inches above grade

15. Well grouted? X
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 14 ft. to 4 ft.

16. Nearest source of possible contamination:
ft. 220 Direction NW Type SEPTIC
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:
LANDOWNER WILL SET PUMP AND COMPLETE WELL WITH 4X4 CONCRETE SLAB
Mrs Lowell L. Fairchild

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 SOUTH CENTRAL DR. License No. 355
Address 635 S. MAIN - KINGMAN, KS.
Signed Dean K. Wallace Date 7/4/79
Authorized representative

28 — 6 — 22 SW SW SW
T R Sec 1/4 1/4 1/4

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

Form WWC-5