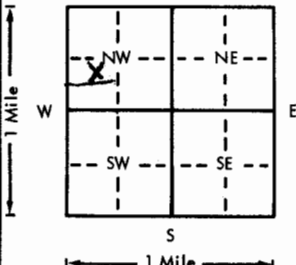


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Endicott #1

1. Location of well: <u>Kingman</u>		Fraction <u>CN 1/4 SW 1/4 NW 1/4</u>	Section number <u>21</u>	Township number <u>T 28 S</u>	Range number <u>R 9 W</u>
2. Distance and direction from nearest town or city: <u>6 east, 3 south</u>		3. Owner of well: <u>Duke Drilling Co</u>			
Street address of well location if in city: <u>Cunningham</u>		City, state, zip code: <u>Shawnee Bend, Mo.</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>7</u> in. Completion date <u>1-30-76</u>	
				Well depth <u>86</u> ft.	
5. Type and color of material		From	To	7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
	<u>Clay</u>	<u>0</u>	<u>30</u>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
	<u>Sand</u>	<u>30</u>	<u>60</u>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
	<u>Gravel</u>	<u>60</u>	<u>80</u>	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock	
				<input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <u>Plastic</u> Height: <u>Above</u> or below	
				Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.	
				RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>183</u> lbs.	
				Dia. <u>4</u> in. to <u>30</u> ft. depth Wall Thickness: inches or	
				Dia. <u>4</u> in. to <u>30</u> ft. depth gage No. <u>200</u>	
				10. Screen: Manufacturer's name <u>Pulsar Plastic</u>	
				Type <u>PVC</u> Dia. <u>4</u>	
				Slot/gauze <u>1/8</u> Length <u>20</u>	
				Set between <u>60</u> ft. and <u>80</u> ft.	
				Gravel pack? <u>yes</u> Size range of material <u>1/4 - 1/2</u>	
				11. Static water level: <u>40</u> ft. below land surface Date <u>1-30-76</u>	
				12. 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> </u> g.p.m.	
				13. Water sample submitted: <u> </u> mo./day/yr.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
				14. Well head completion:	
				<input type="checkbox"/> Pitless adapter <u> </u> inches above grade	
				15. Well grouted? <u>yes</u>	
				With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
				Depth: From <u>0</u> ft. to <u>12</u> ft.	
				16. Nearest source of possible contamination:	
				ft. <u> </u> Direction <u> </u> Type <u> </u>	
				Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				17. 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.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	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
<input checked="" type="checkbox"/> Hill				<u>Imperial well</u>	
<input checked="" type="checkbox"/> Slope				Business name <u> </u> License No. <u> </u>	
<input type="checkbox"/> Upland				Address <u>Shawnee Bend, Mo.</u>	
<input type="checkbox"/> Valley				Signed <u> </u> Date <u>1-30-76</u>	

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

Form WWC-5