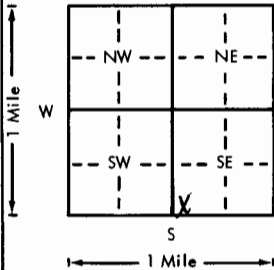


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Gray</u>	Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>	Section number <u>27</u>	Township number <u>T 29</u>	Range number <u>S R 27</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:		3. Owner of well: <u>Wayne Cope</u> R.R. or street: City, state, zip code: <u>Liberal Kan. 67901</u>			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>5-28-76</u> Well depth <u>200</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	
<u>TOP SOIL & CALICHE</u>		<u>0</u>	<u>20</u>	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	
<u>SAND & CLAY</u>		<u>20</u>	<u>40</u>	9. Casing: Material <input type="checkbox"/> Threated <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>1 1/2</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>36-32</u> lbs./ft. Dia. <u>16</u> in. to <u>240</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>240</u> ft. depth Gauge No. <u>219</u>	
<u>SAND & CLAY</u>		<u>40</u>	<u>60</u>	10. Screen: Manufacturer's name <u>BROWN FREE</u> Type <u>V8</u> Dia. <u>16"</u> Slot/gauze <u>5/16"</u> Length <u>130</u> Set between <u>80</u> ft. and <u>210</u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/4" DOWN</u>	
<u>FINE TO MED SAND & CLAY STKS</u>		<u>60</u>	<u>80</u>	11. Static water level: <u>83</u> ft. below land surface Date <u>5-20-76</u>	
<u>FINE TO MED SAND & CLAY STKS</u>		<u>80</u>	<u>100</u>	12. Pumping level below land surfaces: <u>NO TEST</u> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>1500</u> g.p.m.	
<u>MED SAND & CLAY STKS</u>		<u>100</u>	<u>120</u>	13. Water sample submitted: ____ Yes <input checked="" type="checkbox"/> No Date ____	
<u>FINE TO MED COARSE SAND & CLAY STKS</u>		<u>120</u>	<u>140</u>	14. Well head completion: <u>12</u> inches above grade	
<u>MED TO COARSE SAND & CLAY STKS</u>		<u>140</u>	<u>160</u>	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>12</u> ft.	
<u>MED TO COARSE SAND & GRAVEL & CLAY STKS</u>		<u>160</u>	<u>180</u>	16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes <input checked="" type="checkbox"/> No	
<u>GRAVEL & BLUE CLAY & SHALE</u>		<u>200</u>	<u>210</u>	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>Bright Supply</u> Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation:		19. Remarks: <u>Top completed by customer</u>		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>Allen + Rawlin</u> <u>322</u> Business name License No. Address <u>Box 130 Meade Kan</u> Signed <u>Allen + Rawlin</u> Date ____ Authorized representative	

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

Form WWC-5