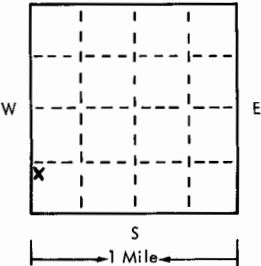


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <u>Gray</u>	Township name	Fraction <u>NWSWSW</u>	Section number <u>5</u>	Town number <u>T29S</u>	Range number <u>R30W</u>			
Distance and direction from nearest town or city: Street address of well location if in city: <u>1 North of Copeland, KS.</u>				3 Owner of well: Address: <u>Jerry Bunnell Route 1 Box 4 Copeland, Kansas</u>					
Locate with "X" in section below: N  S 1 Mile				Sketch map:		4 Well depth: <u>260</u> ft. Date of completion <u>7/25/75</u> Well diameter <u>9</u> in.			
2 Type and color of material				From	To	5 <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			
				6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>					
				7 Casing: Material <u>RMP</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>14</u> in. Diam. <u>5</u> in. to <u>220</u> ft. depth Weight <u>320</u> lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
				8 Screen: Manufacturer <u>J.E.L.</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>40</u> Set between <u>220</u> ft. and <u>260</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8"</u>					
				9 Static water level: <u>155</u> ft. below land surface Date <u>7/25/75</u>					
(use a second sheet if needed)				10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.					
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____					
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade					
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>3</u> ft. to <u>13</u> ft.					
				14 Nearest source of possible contamination: ft. <u>400</u> Direction <u>NE</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				15 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					
				17 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>Tell Water Well Service</u> <u>142</u> Business name License No. Address <u>Box 816 Liberal, Kansas</u> Signed <u>Ed Wagonmiller</u> Date <u>7/25/75</u> Authorized representative					

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5