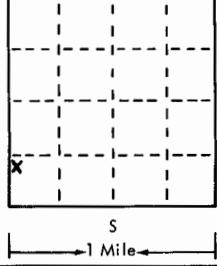


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

1 Location of well:	County <b>Gray</b>	Township name	Fraction <b>NE 1/4 SW 1/4 SW 1/4 SW 1/4 SW</b>	Section number <b>5</b>	Town number <b>T29S</b>	Range number <b>R30W</b>	
Distance and direction from nearest town or city: <b>1 North of Copeland, KS.</b>			3 Owner of well: <b>Jerry Bunnell Route 1 Box 4 Copeland, Kansas</b>				
Street address of well location if in city: <b></b>			Address: <b></b>				
Locate with "X" in section below:			Sketch map: 				
4 Well depth:	<b>260</b> ft.		Date of completion <b>7/25/75</b>				
Well diameter <b>9</b> in.				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			
7 Casing: Material <b>RMP</b>				Height: <b>above/below</b>			
Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>14</b> in.				Diam. <b>320</b> lbs./ft.			
5 in. to <b>220</b> ft. depth				Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>in. to</b> <b>ft. depth</b>							
2	Type and color of material	From	To	8 Screen: Manufacturer <b>JCL</b>			
	<b>Overburden</b>	<b>0</b>	<b>155</b>	Type <b>RMP</b> Dia. <b>5"</b>			
	<b>Coarse Sand</b>	<b>155</b>	<b>200</b>	Slot/gauze <b>1/16</b> Length <b>40</b>			
	<b>Coarse Sand and Clay</b>	<b>200</b>	<b>210</b>	Set between <b>220</b> ft. and <b>260</b> ft.			
	<b>Sand and Gravel</b>	<b>210</b>	<b>260</b>	Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/8"</b>			
				9 Static water level: <b>155</b> ft. below land surface Date <b>7/25/75</b>			
				10 Pumping level below land surfaces: <b>ft. after</b> <b>hrs.</b> pumping <b>g.p.m.</b>			
				<b>ft. after</b> <b>hrs.</b> pumping <b>g.p.m.</b>			
				Estimated maximum yield <b>50</b> g.p.m.			
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b></b>			
				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"/> <b></b>			
				Depth: From <b>3</b> ft. to <b>13</b> ft.			
				14 Nearest source of possible contamination: <b>ft. 400</b> Direction <b>NE</b> Type <b>Septic</b>			
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				15 Pump: <input checked="" type="checkbox"/> Not installed			
				Manufacturer's name <b></b>			
				Model number <b></b> HP <b></b> Volts <b></b>			
				Length of drop pipe <b>ft.</b> capacity <b>g.p.m.</b>			
				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			
	(use a second sheet if needed)			16 Remarks: elevation			
				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.			
				<b>TCL Water Well Service 142</b>			
				Business name <b></b> License No. <b></b>			
				Address <b>Box 816 Liberal, Kansas</b>			
				Signed <b>CD Waggoner</b> Date <b>7/25/75</b>			
				Authorized representative <b></b>			

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

Form WWC-5