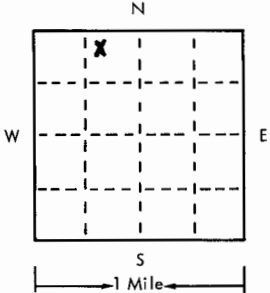


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Sumner	Township name London	Range NE 1/4 NW 1/4	Section number 18	Town number 30S	Range number 1W
Distance and direction from nearest town or city: 5 miles South 2 East, 1/2 North of Clearwater, Kans.			3 Owner of well: A. Matlack Address: Clearwater, Kansas 67026			
Locate with "X" in section below: 			Sketch map: #1		4 Well depth: 65 ft. Date of completion 8-2-75 Well diameter 11 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 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 checked="" type="checkbox"/> Test well quantity & quality	
					7 Casing: Material PVC Height: above/below 12 in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 5 in. to 65 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No Weight 11 lbs./ft.	
					8 Screen: Certain-Teed Manufacturer PVC Dia. 5" Type 005 Length 45' Slot/gauze 20 ft. and 65 ft. Set between 20 ft. and 65 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4-1/8"	
					9 Static water level: 20 ft. below land surface Date 8-2-75	
(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 ____ g.p.m.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date ____	
					12 Well head completion: capped <input type="checkbox"/> Pitless adapter 12 <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 0 ft. to 10 ft.	
					14 Nearest source of possible contamination: NONE ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16 Remarks: elevation No apparent source for contamination. Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input 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.m.p. 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. Harp Well & Pump 236 Business name Wichita, Kansas License No. 67209 Address Wichita, Kansas Signed M. Arnold Date 8-4-75 (Authorized representative)	

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

Form WWC-5