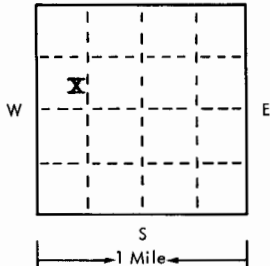


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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

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

Form WWC-5