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

Plugging Report

WATER WELL RECORD
KSA 82a-1201-1215

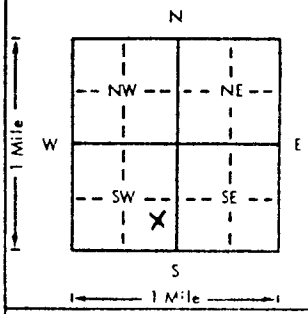
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: CLARK	Fraction: 1/4 SW1/4 SW1/4	Section number: 5	Township number: T 30 S	Range number: R 25 E (W)

2. Distance and direction from nearest town or city: 1 m N Minneola 3 3/4 m W 1/2 N
Street address of well location if in city:

3. Owner of well: E. T. Wears
R.R. or street:
City, state, zip code: Minneola Kansas 67865

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. ____ in. Completion date ____
Well depth 135 ft. 1-7-81

7. __ Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn X Oil field water __ Other

9. Casing: Material ____ Height: Above or below
Threaded ____ Welded ____ Surface 3 ft.
RMP ____ PVC ____ Weight ____ lbs./ft.
Dia. ____ in. to ____ ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. ____

5. Type and color of material	From	To
Blue Clay + Sand	140	75
gravel	75	13
cement	13	3
(Use a second sheet if needed)		

10. Screen: Manufacturer's name ____
Type ____ Dia. ____
Slot/gauze ____ Length ____
Set between ____ ft. and ____ ft.
____ ft. and ____ ft.
Gravel pack? ____ Size range of material ____

11. Static water level: mo./day/yr.
55 ft. below land surface Date 11/18/80

12. 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.

13. Water sample submitted: mo./day/yr.
__ Yes __ No Date ____

14. Well head completion:
__ Pitless adapter ____ Inches above grade

15. Well grouted? yes
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 3 ft. to 13 ft.

16. Nearest source of possible contamination:
ft. ____ Direction ____ Type ____
Well disinfected upon completion? ____ Yes ____ No

17. Pump: __ Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

T ____ R ____ E W ____ Sec ____ 1/4 ____ 1/4 ____ 1/4 ____

18. Elevation:
Topography:
__ Hill
__ Slope
X Upland
__ Valley

19. Remarks:
1-7-81
Plugged Water Well - cut casing off 3' below ground surface

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.
T+W WATER WELL 142
Business name License No.
Address Box 816 Liberal KS 67901
Signed [signature] Date 1/18/81
Authorized representative

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

Form WWC-5