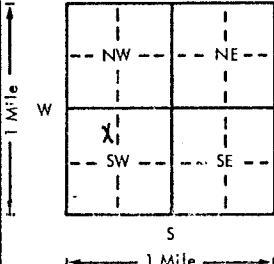


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Clark</b>	Fraction <b>ne 1/4 nw 1/4 SW 1/4</b>	Section number <b>8</b>	Township number <b>T 30 S</b>	Range number <b>R 25 E</b>
2. Distance and direction from nearest town or city: <b>3 1/2 west Minneola 1/2 nw</b> Street address of well location if in city:				3. Owner of well: <b>Ellis T. Wears</b> R.R. or street: <b>301 Oak</b> City, state, zip code: <b>Minneola, Kansas 67865</b>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 				6. Bore hole dia. <b>9</b> in. Completion date <b>1-17-81</b> Well depth <b>140</b> ft.		
5. Type and color of material				7. 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		
				8. 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"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>14</b> in. RMP <input type="checkbox"/> PVC <b>glued</b> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>60</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>0258</b>		
				10. Screen: Manufacturer's name <b>Lone Star-Hilton Inc.</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <b>80'</b> Set between <b>60</b> ft. and <b>140</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <b>yes</b> Size range of material <b>1/8</b>		
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>55</b> ft. below land surface Date <b>1/18/81</b>		
(Use a second sheet if needed)				12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>50</b> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> <b>14</b> Inches above grade		
				15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.		
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(Use a second sheet if needed)				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Goulds</b> Model number <b>K1MB50</b> HP <b>5</b> Volts <b>230</b> Length of drop pipe <b>105</b> ft. capacity <b>50</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				18. Elevation:		
				19. Remarks: <b>16. well in field-no known source of contamination</b> <b>17. Pump was used for 15 days-pump pulled well was plugged.</b>		
				20. Water well contractor's certification: I, <b>T &amp; W Water Well Service 142</b> , certify that this well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Business name <b>T &amp; W Water Well Service 142</b> License No. <b>Box 816 Liberal, Kansas 67861</b> Address <b>Box 816 Liberal, Kansas 67861</b> Signed <b>[Signature]</b> Date <b>1-25-81</b> Authorized representative		
				Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		

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

Form WWC-5