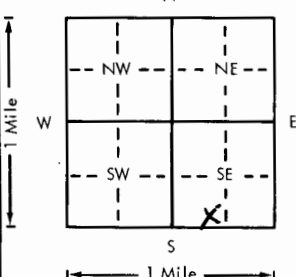


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Sumner</u>	Fraction <u>SW 1/4 SE 1/4 SE 1/4</u>	Section number <u>33</u>	Township number <u>T 30 S</u>	Range number <u>R 3 E</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:		<u>Conway Springs</u> <u>INTOWN</u> <u>113 N 6</u>		3. Owner of well: R.R. or street: City, state, zip code: <u>Jagany Pauly</u> <u>113 N 6</u> <u>Conway Springs 67031</u>		
4. Locate with "X" in section below:		Sketch map: <u>New Home</u>		6. Bore hole dia. <u>9 1/4</u> in. Completion date <u>11-8-78</u> Well depth <u>50</u> ft.		
				7. <input checked="" type="checkbox"/> Cable tool <input 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		
5. Type and color of material		From		To		8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
<u>Top Soil</u>		<u>0</u>		<u>6</u>		9. Casing: Material <u>Plastic</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18"</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>6</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. <u>6</u> in. to <u>40</u> ft. depth gage No. <u>18</u>
<u>Red Clay</u>		<u>30</u>		<u>6</u>		10. Screen: Manufacturer's name <u>Samplawest Plastic</u> Type <u>RMP</u> Dia. <u> </u> Slot/gauze <u>20/42</u> Length <u>10</u> Set between <u>40'</u> ft. and <u>50'</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>18</u>
<u>Gray Clay</u>		<u>30</u>		<u>35</u>		11. Static water level: <u>31</u> ft. below land surface Date <u>11-6-78</u> mo./day/yr.
<u>Red Clay</u>		<u>35</u>		<u>50</u>		12. Pumping level below land surfaces: <u>Not Pumped</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.
						13. Water sample submitted: <u> </u> mo./day/yr. <u> </u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>
						14. Well head completion: <u>No</u> <u> </u> Pitless adapter <u> </u> inches above grade
						15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>Top</u> ft. to <u>10</u> ft.
						16. Nearest source of possible contamination: <u>None</u> <u> </u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <u> </u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> g.p.m. 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)
18. Elevation:		19. Remarks:		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. <u>Waters Const.</u> <u>352</u> Business name License No. Address <u>Conway Springs, KS</u> Signed <u>Eugene Williams</u> Date <u>11-12-78</u> 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