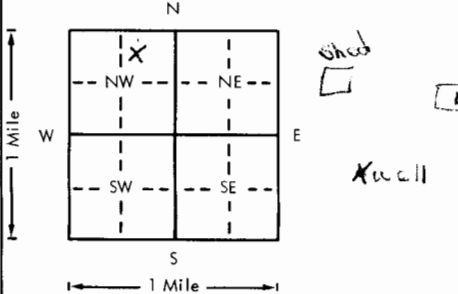


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Sumner	Fraction NW 1/4 NE 1/4 NW 1/4	Section number 33	Township number T 30	Range number S R 3	E(W)
2. Distance and direction from nearest town or city: Street address of well location if in city:		3/4 M-West Conway Springs KS		3. Owner of well: Francis Ternes R.R. or street: RT #1 City, state, zip code: Conway Springs Kansas			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9 in. Completion date 5-10-79 Well depth 45 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				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			
				9. Casing: Material Plt S Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 25 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 18			
				10. Screen: Manufacturer's name SANGLOR Plastic Type RMP Dia. 5" Slot/gauze 0.6 1/16 Length 15' Set between 45 ft. and 30 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-1/4			
				11. Static water level: <input type="checkbox"/> mo./day/yr. 15 ft. below land surface Date 5-2-79			
				12. Pumping level below land surfaces: Not Pumped <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 <input type="checkbox"/> g.p.m.			
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date			
				14. Well head completion: no <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 10 ft. to 4 ft.			
				16. Nearest source of possible contamination: None 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			
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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			
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. Winter Const. 352 Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address Conway Springs KS Signed Eugene I. I... Date 5-10-79 Authorized representative			

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

Form WWC-5