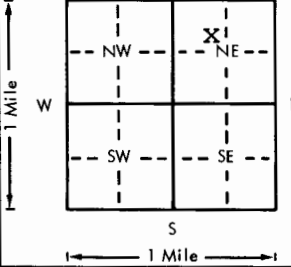


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Sumner</b>	Fraction <b>1/4 NW 1/4 NE 1/4</b>	Section number <b>8</b>	Township number <b>T 30 S R 4W E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>1/8 Miles South of k-42 Hwyway</b> Street address of well location if in city: <b>Suppesville, Kansas</b>			3. Owner of well: <b>E.E. Haynes</b> R.R. or street: <b>1120 West 33rd St. North</b> City, state, zip code: <b>Suppesville, Kansas</b>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map:			6. Bore hole dia. <b>11</b> in. Completion date <b>6-9-77</b> Well depth <b>80</b> ft.		
			7. <input checked="" 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		
			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		
5. Type and color of material			From	To	9. Casing: Material <b>Styrene</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <b>12</b> lbs./ft. Dia. <b>5</b> in. to <b>80</b> ft. depth Wall Thickness: inches or Dia. <b>5</b> in. to <b>80</b> ft. depth gage No. <b>200</b>
Topsoil			0	3	10. Screen: Manufacturer's name <b>Sunflower Plastic</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/gauze <b>.06</b> Length <b>30'</b> Set between <b>50</b> ft. and <b>80</b> ft. ft. and <b>80</b> ft. Gravel pack? <b>yes</b> Size range of material <b>1/4-1/8"</b>
Brown Clay			3	10	11. Static water level: <b>25</b> ft. below land surface Date <b>6-9-77</b>
Fine Sand			10	35	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.
Gray Clay			35	43	13. Water sample submitted: <b>Yes</b> No Date
Fine Sand			43	44	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> Inches above grade
Red Shale			44	80	15. Well grouted? <b>yes</b> <b>1 to 2 fine sand</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> <b>mix</b> <input checked="" type="checkbox"/> <b>benidine</b> <input type="checkbox"/> Concrete Depth: From <b>40"</b> ft. to <b>14</b> ft.
					16. Nearest source of possible contamination: <b>Septic</b> fr. <b>75</b> Direction <b>East</b> Type <b>Tank</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Sta-Rite</b> Model number <b>20P4D02</b> HP <b>3/4</b> Volts <b>230</b> Length of drop pipe <b>70</b> ft. capacity <b>20</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
					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. <b>Harp Well &amp; Pump Serv. 236</b> Business name License No. Address <b>Wichita, Kansas</b> Signed <b>M. Arnold</b> Date <b>7-27-77</b> Authorized representative
18. Elevation:			19. Remarks:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5