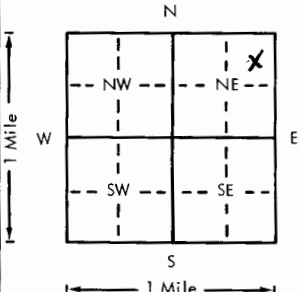
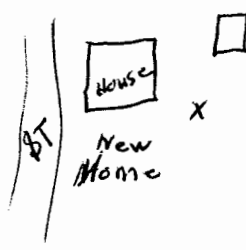


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NE 1/4 NE 1/4	Section number 4	Township number T 31	Range number S R 3	EW
2. Distance and direction from nearest town or city: Street address of well location if in city: 313 S. 7th.				3. Owner of well: Ethel McCullough R.R. or street: 313 S. 7th City, state, zip code: Conway Springs Kans 67031			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9 in. Completion date 11-20-79 Well depth 60 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	
Top Soil		0		6		9. Casing: Material PITS 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. 6 in. to 40 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 78	
Red Clay		6		60		10. Screen: Manufacturer's name Sunflowes Plastics Type RMP Dia. 6 Slot/gauze 0.0646 Length 20 Set between 40 ft. and 60 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 74-78	
						11. Static water level: <input type="checkbox"/> mo./day/yr. 18 ft. below land surface Date 11-14-79	
						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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
						14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18" 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 Top ft. to 10 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	
						(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. Winters Constco 352 Business name Conway Springs Kans License No. <input type="checkbox"/> Address Conway Springs Kans Signed Engineer Winters Date 12-14-79 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