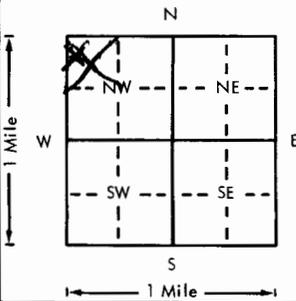


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 NW 1/4 NW 1/4	Section number 11	Township number T 31	Range number S R 3 E 10
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: 			Sketch map: New Location		
5. Type and color of material			From	To	6. Bore hole dia. 9 1/2 in. Completion date 7-24-77 Well depth 45 ft.
Top Soil			0	2	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
Clay Gray Red			2	20	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
Clay Gray Silty Brown			20	22	9. Casing: Material PIPS Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface IP in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. 6 in. to 26 ft. depth gage No. 48
Clay Silty Red			22	35	10. Screen: Manufacturer's name Sum. Flower Plastic Inc Type RMP Dia. 6 Slot/gauze 0.6 1/16 Length 10 Set between 35 ft. and 45 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 48-3/8
Clay Grayish Brown			35	45	11. Static water level: _____ mo./day/yr. 32 ft. below land surface Date 7-14-77
					12. Pumping level below land surfaces: Not pumped _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
					13. Water sample submitted: No mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: No <input type="checkbox"/> Pitless adapter _____ inches above grade
					<input checked="" type="checkbox"/> Well grouted? Yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From Surface ft. to 45 ft.
					16. Nearest source of possible contamination: ft. 200 ft. Direction S Type Draw Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: No <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	Mr May Grouted well. But well-segrout again after Basement is dug - Mr May does know the regulation, William A May.		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Winter Const Co 352 Business name License No. Address Canway Springs Signed Eugene Schubert Date 7-14-77 Authorized representative		

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

Form WWC-5