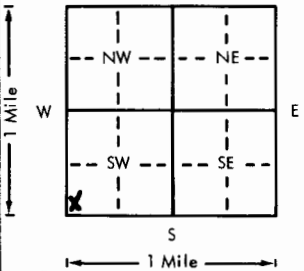


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 SW 1/4 SW 1/4</b>	Section number <b>1</b>	Township number <b>T 31 S</b>	Range number <b>R 4W E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>3 West &amp; 3/4 So. of Conway Springs, Ks.</b>			3. Owner of well: R.R. or street: <b>George Erker R. R. #2</b> City, state, zip code: <b>Clearwater, Kansas</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>11</b> in. Completion date _____ Well depth <b>85</b> ft. <b>8-5-77</b>		
				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 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <b>styrene</b> Height: Above of <b>16/04</b> Threaded _____ Welded <b>g1</b> Surface _____ <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>85</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____ <b>Sunflower Plastic</b> Type <b>styrene</b> Dia. <b>5"</b> Slot/gap <b>1/16</b> .06 Length <b>10'</b> Set between <b>75</b> ft. and <b>85</b> ft. _____ ft. and _____ ft. Gravel pack <b>yes</b> Size range of material <b>1/4-1/8"</b>		
<b>Topsoil</b>		<b>0</b>	<b>3</b>	11. Static water level: _____ mo./day/yr. <b>30</b> ft. below land surface Date <b>8-5-77</b>		
<b>Fine Sand</b>		<b>3</b>	<b>75</b>	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.		
<b>Medium Sand</b>		<b>75</b>	<b>79</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
<b>Red Shale</b>		<b>79</b>	<b>85</b>	14. Well head completion: _____ capped <input type="checkbox"/> Pitless adapter _____ <b>12</b> inches above grade		
				15. Well grouted? <b>yes 1-2 fine sand mix</b> With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From <b>40"</b> ft. to <b>14</b> ft.		
				16. Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <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: 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 236</b> Business name <b>Wichita, Kansas</b> License No. _____ Address _____ Signed <b>M. Arnold</b> Date <b>8-7-77</b> Authorized representative			
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