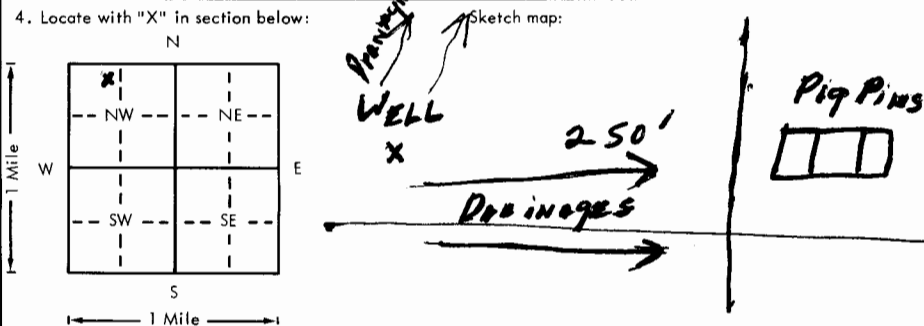


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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: <u>SUMNER</u>		County: <u>NE 1/4 NW 1/4 NW 1/4</u>		Section number: <u>34</u>		Township number: <u>T 32</u>		Range number: <u>S R 3 W E (W)</u>	
2. Distance and direction from nearest town or city: <u>2 WEST 2 SOUTH OF MILAN, KANSAS</u>				3. Owner of well: <u>A.L. JENKINS</u> R.R. or street: <u>724 SO. CHERRY</u> City, state, zip code: <u>WELLINGTON, KAN</u>					
4. Locate with "X" in section below: 				6. Bore hole dia. <u>8</u> in. Completion date <u>10-11-78</u> Well depth <u>36</u> ft.					
5. Type and color of material				From		To		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	
								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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Dark BWN sandy clay				0		15		9. Casing: Material <u>PLASTIC</u> Weight: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12" A</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>6</u> in. to <u>36</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>1188</u>	
				15		25		10. Screen: Manufacturer's name <u>CANTA PERF.</u> Type <u>SAW</u> Dia. <u>1 1/4"</u> Slot/gauze <u>SLOT</u> Length <u>3"</u> Set between <u>25</u> ft. and <u>35</u> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <u>YES</u> Size range of material <u>4-5/8</u>	
Med sand - water bearing				25		30		11. Static water level: <u>20'</u> ft. below land surface Date <u>10-11-78</u>	
Coarse sand & gravel up to 1"				30		35		12. Pumping level below land surfaces: <u>20'</u> ft. after <u>2</u> hrs. pumping <u>18</u> 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.	
Red shale				35		36		13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
								14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
								15. Well grouted? <u>YES</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>14</u> ft.	
								16. Nearest source of possible contamination: ft. <u>250'</u> Direction <u>E</u> Type <u>Pig pin</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
								17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Louidy</u> Model number <u>1360541</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>25'</u> ft. capacity <u>18</u> 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	
(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. <u>GENE C. WATKINS</u> <u>374</u> Business name <u>PO, Box 27-MILAN</u> License No. <u>1/4</u> Address <u>PO, Box 27-MILAN</u> Signed <u>Gene C. Watkins</u> Date <u>11/4/78</u> 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