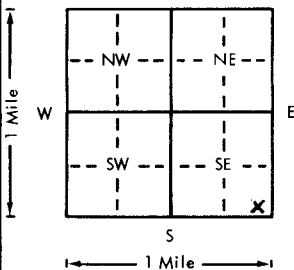


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Dickinson	Fraction SE 1/4 SE 1/4 SE 1/4	Section number 32	Township number T 12 S	Range number R 3 E E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: Hi-Quality Lo-Cost Stations R.R. or street: 549 N. Ohio City, state, zip code: Salina Ks 67401		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. 6 in. Completion date 5-9-77 Well depth 53 ft.
Colluvium:					7. <input 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
Clay gray & brown			0	19	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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
Permian: Shale, red & gray			19	45	9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 53 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. Sch 40
Limestone, porous, gray			45	53	10. Screen: Manufacturer's name Slap Type slots Dia. 4" Slot/gauze 3/32" Length 5' Set between 48 ft. and 53 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8
					11. Static water level: _____ mo./day/yr. 29 ft. below land surface Date 5-9-77
					12. Pumping level below land surfaces: 34 ft. after 42 hrs. pumping 7 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 15 g.p.m.
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From 3 ft. to 13 ft.
					16. Nearest source of possible contamination: ft. 20' Direction W Type Oil tanks Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Madel number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ 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. Nycharlie Dilling Or 126 Business name Salina Ws License No. _____ Address Salina Ks Signed Oil Feist Date 5-27-77 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 12 S R 3 E E/W

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

Form WWC-5