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

WATER WELL RECORD
KSA 82a-1201-1215

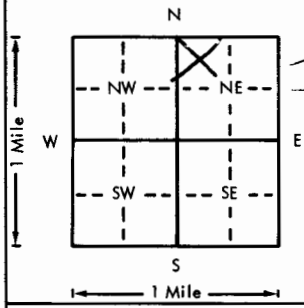
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

X Location of well:	County	Fraction	Section number	Township number	Range number
	ELLIS	NW 1/4 NW 1/4 NE 1/4	13	T 14 S	R 17 E (W)

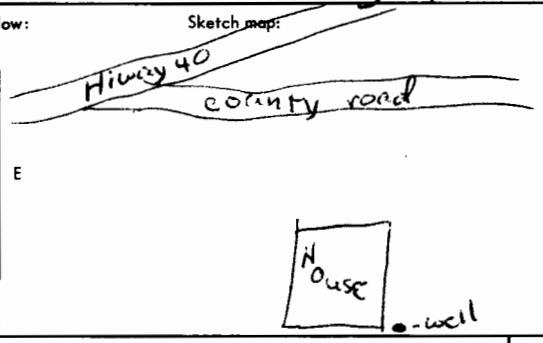
X 2. Distance and direction from nearest town or city: Hays Ks.
Street address of well location if in city: 7½ EAST of Hays.

3. Owner of well: Rick Stewart
R.R. or street: RR.
City, state, zip code: VICTORIA

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 9 in. Completion date 5-16-77
Well depth 50 ft.

7. __ Cable tool ✓ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: ✓ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material
Threaded ___ Welded gl
RMP ___ PVC ✓
Dia. 5 in. to 50 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above or below Surface 16 in.
Weight ___ lbs./ft.
Wall Thickness: inches or gage No. 160 PSI

5. Type and color of material	From	To
Topsoil	0	4
Yellow clay	4	12
Fine sand	12	18
Brown clay	18	38
Medium sand	38	47
Blue shale	47	50

(Use a second sheet if needed)

10. Screen: Manufacturer's name Jet Stream
Type PVC Dia. 5"
Slot/gauze ___ Length 10'
Set between 40 ft. and 50 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/4-1/8

11. X Static water level: mo./day/yr.
40 ft. below land surface Date 5-16-77

12. Pumping level below land surfaces:
45 ft. after 1 hrs. pumping 4 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes ✓ No Date

14. Well head completion:
✓ Pitless adapter ___ Inches above grade

15. X Well grouted? yes
With: ✓ Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 9 ft.

16. Nearest source of possible contamination: none
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ✓ Yes __ No

17. Pump: ✓ Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

T ___ R ___ E W ___ Sec ___ 1/4 ___ 1/4 ___ 1/4 ___

18. Elevation:
Topography:
__ Hill
__ Slope
X Upland
__ Valley

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.
Karst Water Well Drlg
Business name License No. 199A
Address E Hiway 40
Signed [signature] Authorized representative Date 5-16-77

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

Form WWC-5

MI-1023