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

WATER WELL RECORD
KSA 82a-1201-1215

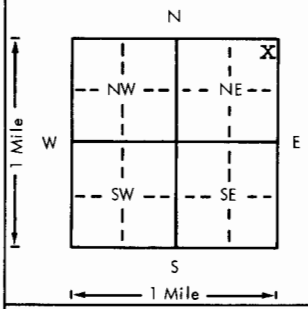
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
X	Rice	ne 1/4 ne 1/4 ne 1/4	27	T 19 S	R 7 E (W)

2. Distance and direction from nearest town or city: ~~X7 East of~~ Lyons, Ks. 6-E 2-N
Street address of well location if in city:

3. Owner of well: Mid-America Pipe line Co.
R.R. or street: Box 740
City, state, zip code: McPherson, Kansas 67460

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 12¼ in. Completion date _____
Well depth 100 ft. 6-5-76

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

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

9. Casing: Material pvc Height: Above or ~~XXX~~
Threaded ____ Welded ____ Surface 18 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 6 in. to 100 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. .280

5. Type and color of material	From	To
top soil	0	3
clay	3	23
good clean sand rock	23	60
clay	60	73
good sand rock	73	86
sandy ~~XXXX~~ clay	86	95
blue shale	95	120
(Use a second sheet if needed)		

10. Screen: Manufacturer's name XCertainTeed
Type pvc Dia. ____
Slot ~~XXX~~ 1/16 Length 60
Set between 40 ft. and 100 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material ~~1/8~~ 3/4 3/8

11. Static water level: mo./day/yr.
34 ft. below land surface Date 6-5-76

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.

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

14. Well head completion:
__ Pitless adapter ____ Inches above grade

15. Well grouted? X
With: __ Neat cement __ Bentonite X Concrete
Depth: From 10 ft. to 20 ft.

16. Nearest source of possible contamination:
ft. 1000 Direction east Type gaswell
Well disinfected upon completion? X Yes __ No

17. Pump: X 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

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.
Rosencrantz-Bemis 134
Business name License No.
Address Great Bend, Ks. 67530
Signed S. Kilgore Date 6-21-79
Authorized representative

19 T — 7 R (E W) 27 Sec ne 1/4 ne 1/4 ne 1/4

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

Form WWC-5