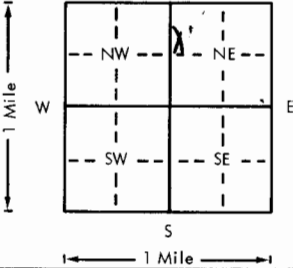


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Keller # 8

| | |
|--|--------------|
| 1. Location of well: County RICE Fraction SW 1/4 NW 1/4 NE 1/4 Section number 5 Township number T 19 S Range number R 9 W | |
| 2. Distance and direction from nearest town or city: 3 East 5 Street address of well location if in city: North Chase | |
| 3. Owner of well: EMPHASIS OIL OPERATIONS R.R. or street: City, state, zip code: ROSSELL KANS. 67665 | |
| 4. Locate with "X" in section below: Sketch map:  | |
| 5. Type and color of material | |
| | From To |
| <i>Clay</i> | 0 80 |
| <i>Fast Rock</i> | 80 100 |
| <i>Clay-fine sand</i> | 100 120 |
| <i>Sand rock</i> | 120 148 |
| 6. Bore hole dia. 9 in. Completion date 4-23-79 Well depth 148 ft. | |
| 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 | |
| 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 type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other | |
| 9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 278.3 lbs./ft. Dia. 5 in. to 148 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 1265 | |
| 10. Screen: Manufacturer's name Joh. Swan Type saw Dia. 5 Slot/open 1/8" Length 20 Set between 8 ft. and 148 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4-1/4" | |
| 11. Static water level: 34 ft. below land surface Date 4-23-79 Pno./day/yr. | |
| 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | |
| 14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade | |
| 15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete Depth: From 0 ft. to 10 ft. | |
| 16. Nearest source of possible contamination: ft. _____ Direction 200 yds W Well disinfected upon completion? <input 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: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <i>Theresa White Williams</i> Business name _____ License No. 149 Address _____ Signed <i>J. Charles Myers</i> Date 4-30-79 Authorized representative | |

T 19 S R 9 W Sec 5 SW 1/4 NE 1/4