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

WATER WELL RECORD
KSA 82a-1201-1215

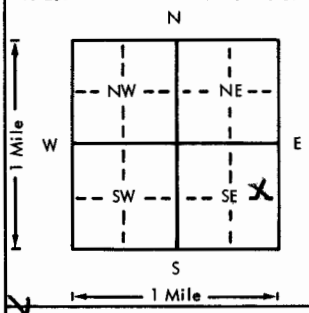
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County: Rice | Fraction: E1/2 E1/2 SE1/4 | Section number: 7 | Township number: T 20 S | Range number: R 10 E/W

2. Distance and direction from nearest town or city: Raymond 3 north 2½ west
Street address of well location if in city:

3. Owner of well: B+B Drilling Co.
R.R. or street: 720 Union Center
City, state, zip code: Wichita Kans

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material

Type and color of material	From	To
Soil	0	5
Fine Sand	5	30
Clay Sand	30	50
Clay	50	75
Sandy Clay	75	90
Gravel	90	110

(Use a second sheet if needed)

6. Bore hole dia. 7 in. Completion date 8-2-76
Well depth 110 ft.

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 Steel Height: Above or below
Threaded ___ Welded X Surface 1½ in.
RMP ___ PVC ___ Weight 28.73 lbs./ft.
Dia. 5 in. to 110 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1265

10. Screen: Manufacturer's name Shaff Mfg
Type Shaff Dia. 5
Slot/gauze 20 Length 30
Set between 80 ft. and ___ ft.
90 ft. and 110 ft.
Gravel pack? X Size range of material 5/8 to 1/4

11. Static water level: mo./day/yr.
18 ft. below land surface Date 8-5-76

12. Pumping level below land surfaces:
24 ft. after 1 hrs. pumping 40 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 50 g.p.m.

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

14. Well head completion:
X Pitless adapter 1½ inches above grade

15. Well grouted? X
With: __ Neat cement X Bentonite __ Concrete
Depth: From 10 ft. to 0 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ 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

T 20 R 10 E/W Sec 7 1/4 1/4 1/4 1/4 FIELDSE

18. Elevation:

Topography:
__ Hill
__ Slope
__ 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.

Business name License No.
Address
Signed Authorized representative Date 8-4-76

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

Form WWC-5