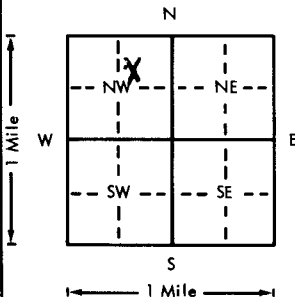


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>STAFFORD</b>	Fraction <b>SW 1/4 NE 1/4 NW 1/4</b>	Section number <b>14</b>	Township number <b>T 21 S</b>	Range number <b>R 13 E</b>
2. Distance and direction from nearest town or city: <b>4500 ft. Bend SE</b>		3. Owner of well: <b>DUKE DRILLING CO.</b>		R.R. or street: <b>GREAT BEND KS.</b>		
Street address of well location if in city:		City, state, zip code:				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>5</b> in. Completion date <b>6-16-76</b> Well depth <b>60</b> ft.		
				7. <input checked="" 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		
5. Type and color of material		From		To		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 <b>Steel</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>1 1/2</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>746</b> lbs./ft. <b>100</b> Dia. <b>2</b> in. to <b>60</b> ft. depth Wall Thickness: inches <b>1/4</b> Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>154</b>
						10. Screen: Manufacturer's name <b>Shop made</b> Type <b>Slot</b> Dia. <b>2</b> Slot/gauze <b>8</b> Length <b>10</b> Set between <b>8</b> ft. and <b>50</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4" - 1/2"</b>
						11. Static water level: <b>12</b> ft. below land surface Date <b>6-16-76</b>
						12. Pumping level below land surfaces: <b>18</b> ft. after <b>1</b> hrs. pumping <b>80</b> g.p.m. <b>18</b> ft. after <b>1</b> hrs. pumping <b>80</b> g.p.m. Estimated maximum yield <b>150</b> g.p.m.
						13. Water sample submitted: <b>12</b> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>6-16-76</b>
						14. Well head completion: <b>12</b> inches above grade <input type="checkbox"/> Pitless adapter
						15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
						16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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
						18. Elevation:
						19. Remarks:
						(Use a second sheet if needed)
						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 <b>Great Bend Drilling Co.</b> License No. <b>14</b> Address <b>Great Bend KS 66620</b> Signed <b>[Signature]</b> Date <b>6-16-76</b> Authorized representative

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

Form WWC-5