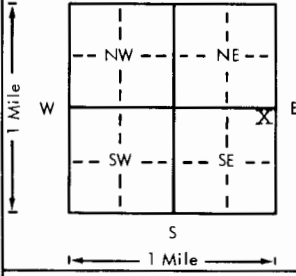


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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<br><b>Stafford</b> | Fraction<br><b>ne 1/4 ne 1/4 se 1/4</b> | Section number<br><b>15</b>  | Township number<br><b>T 21 S R 13W</b> | Range number<br><b>E/W</b> |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: <b>3 1/2 e 3 1/2 n Seward, Ks.</b>  |                           |   | 3. Owner of well: <b>Robert Munz</b><br>R.R. or street: <b>R2</b><br>City, state, zip code: <b>Great Bend, Ks. 67530</b>   |  |                            |
| 4. Locate with "X" in section below: Sketch map:<br>   |                           |   | 6. Bore hole dia. <b>6</b> in. Completion date <b>4-28-78</b><br>Well depth <b>70</b> ft.  |  |                            |
| 5. Type and color of material   |                           |   | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |  |                            |
|   |                           |   | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |  |                            |
| From To   |                           |   | 9. Casing: Material _____ Height: Above <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/><br>Threaded _____ Welded _____ Surface <b>12</b> in.<br>RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>.69</b> lbs./ft.<br>Dia. <b>2</b> in. to <b>70</b> ft. depth; Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth; gage No. <b>Sch 40</b> |  |                            |
|   |                           |   | 10. Screen: Manufacturer's name <b>Jetstream</b><br>Type <b>pvc</b> Dia. <b>2"</b><br>Slot/gauze <b>1/16"</b> Length <b>20'</b><br>Set between <b>50</b> ft. and <b>70</b> ft.<br>_____ ft. and _____ ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/4"</b>   |  |                            |
| Top Soil-Clay 0 20  |                           |   | 11. Static water level: <b>16</b> ft. below land surface Date <b>4-28-78</b> mo./day/yr.   |  |                            |
| Sandy Clay 20 35  |                           |   | 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>40</b> g.p.m.   |  |                            |
| Sand 35 45  |                           |   | 13. Water sample submitted: _____ mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |  |                            |
| Sand-Gravel 45 70   |                           |   | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>12 1/2</b> Inches above grade   |  |                            |
|   |                           |   | 15. Well grouted? <input checked="" type="checkbox"/><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.   |  |                            |
|   |                           |   | 16. Nearest source of possible contamination:<br>ft. <b>70</b> Direction <b>e</b> Type <b>sewer</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |                            |
|   |                           |   | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other                                       |  |                            |
| (Use a second sheet if needed)  |                           |   | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Kellys Waterwell Ser 186</b><br>Business name License No.<br>Address <b>R2, Great Bend, Ks.</b><br>Signed <b>Kelly D. Price</b> Date <b>9-28-78</b><br>Authorized Representative   |  |                            |
| 18. Elevation:<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley | 19. Remarks:              |   |  |  |                            |

21-13E-15  
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5