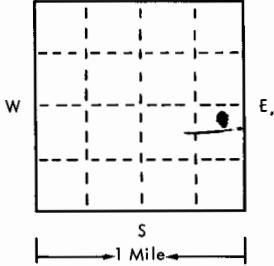


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <u>Stafford</u>	Township name	Fraction <u>C 1/2 NW-SE</u>	Section number <u>21</u>	Town number <u>21</u>	Range number <u>13 N</u>
Distance and direction from nearest town or city: <u>3 east 3 north</u>			3 Owner of well: <u>Search Drilling Co</u>			
Street address of well location if in city: <u>4 Seward</u>			Address: <u>Wichita Ks</u> <u>250 N. Rock Rd.</u>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <u>70</u> ft. Date of completion: <u>2-21-75</u> Well diameter: <u>2 3/4</u> in.
2 Type and color of material			From	To	5 <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	
			Clay 0 15		6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> <u>oil field</u>	
			Fine sand 15 25		7 Casing: <u>4 1/2" Plastic</u> <input type="checkbox"/> Metal <input type="checkbox"/> <u>Plastic</u> <input type="checkbox"/> <u>Plastic</u> <input type="checkbox"/> <u>Plastic</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>4 1/2</u> in. Diam. <u>4 1/2</u> in. to <u>70</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>4</u> in. to <u>70</u> ft. depth	
			Clay 25 50		8 Screen: Manufacturer <u>Just + Lowell</u> Type <u>RPM</u> Dia. <u>4</u> Slot/gauze <u>1/8</u> Length <u>10</u> Set between <u>60</u> ft. and <u>70</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8 - 1/4</u>	
			Gravel 50 70		9 Static water level: <u>8</u> ft. below land surface Date <u>2-21-75</u>	
CLARK Stone			10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>100</u> g.p.m.			
Well Given to Oil Reclaiming, Inc			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			
1600 N. Broadway			12 Well head completion: <u>no</u> Pitless adapter <u>12</u> inches above grade			
Grant Bend, KS			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> ____ Depth: From <u>0</u> ft. to <u>10</u> ft.			
Conversation with Search Drilling Co			14 Nearest source of possible contamination: ft. <u>100</u> Direction <u>west</u> Type <u>salt water</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
on 3/27/75 Dub			15 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)			17 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. <u>Myers Water Well Serv 143</u> Business name <u>Grant Bend Ks</u> License No. ____ Address <u>Grant Bend Ks</u> Signed <u>Myers</u> Date <u>2-21-75</u> Authorized representative			
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5