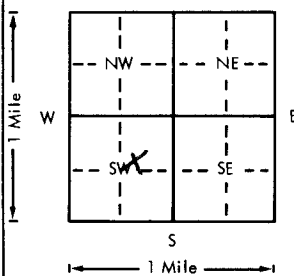


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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: <u>Pawnee</u>		Fraction: <u>SW 1/4 NE 1/4 SA 1/4</u>	Section number: <u>33</u>	Township number: <u>T 22 S</u>	Range number: <u>R 15 W</u>
2. Distance and direction from nearest town or city: <u>From 5 south</u>		3. Owner of well: <u>Huskey, Delo</u>			
Street address of well location if in city: <u>8 miles east, named on K 19.25 miles</u>		R.R. or street: <u>800 Bittering Bld</u>			
4. Update with "X" in section below: <u>Southwest</u>		City, state, zip code: <u>Wichita Ks 67202</u>			
		6. Bore hole dia. <u>9</u> in. Completion date <u>1-17-79</u>			
		Well depth <u>45</u> ft.			
		7. 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 <input type="checkbox"/> Height: Above or below			
		Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.			
		RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>278-3</u> lbs./ft.			
		Dia. <u>5</u> in. to <u>45</u> ft. depth <u>Wall</u> Thickness: inches or			
		Dia. <u>5</u> in. to <u>45</u> ft. depth <u>gauge</u> No. <u>200</u>			
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Peeless</u>	
<u>Soil</u>		<u>0</u>	<u>5</u>	Type <u>Saw</u> Dia. <u>5</u>	
<u>Sandy Clay</u>		<u>5</u>	<u>20</u>	Slot/gauze <u>1/8</u> Length <u>20</u>	
<u>Clay</u>		<u>20</u>	<u>25</u>	Set between <u>45</u> ft. and <u>25</u> ft.	
<u>Gravel</u>		<u>25</u>	<u>45</u>	ft. and <u>25</u> ft.	
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-1/8</u>	
				11. Static water level: <u>17</u> ft. below land surface Date <u>1-17-79</u>	
				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: ____ Yes <input checked="" type="checkbox"/> No Date <u>1</u>	
				14. Well head completion: <u>12</u> inches above grade	
				15. Well grouted? <u>yes</u>	
				With: <u>Neat cement</u> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/>	
				Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: <u>None</u>	
				ft. ____ Direction ____ Type ____	
				Well disinfected upon completion? ____ Yes <input checked="" 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	
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					
		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. <u>Myers Water Well 143</u> Business name <u>Greer Band Co.</u> License No. <u>143</u> Address <u>Greer Band Co.</u> Sign <u>Chad Bandall</u> Date <u>1-17-79</u> Authorized representative			

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

Form WWC-5