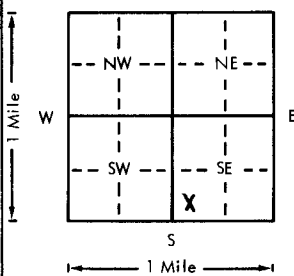


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <i>Pawnee</i>	Fraction <i>SW 1/4 SW 1/4 SE 1/4</i>	Section number <i>9</i>	Township number <i>T 23</i>	Range number <i>S R 16</i> ✓	E/W
2. Distance and direction from nearest town or city: <i>1/2 east Fort To</i>		3. Owner of well: <i>Husky Drilling Co</i> R.R. or street: <i>800 Bluffing Bldg.</i> City, state, zip code: <i>Wichita, Kan.</i>					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>8</i> in. Completion date <i>5-9-78</i> Well depth <i>60</i> ft.			
				7. <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			
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 <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Height: Above or below surface <i>12</i> in. Dia. <i>5</i> in. to <i>60</i> ft. depth <i>276</i> lbs./ft. Dia. <i>5</i> in. to <i>60</i> ft. depth <i>200</i> No. 200			
				10. Screen: Manufacturer's name <i>Shut road</i> Type <i>Bar</i> Dia. <i>5</i> Slot/gauze <i>1/8</i> in. Length <i>20</i> Set between <i>40</i> ft. and <i>60</i> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>8-14</i>			
				11. Static water level: <i>18</i> ft. below land surface Date <i>5-9-78</i>			
				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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date ____			
				14. Well head completion: <i>17</i> inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From ____ ft. to ____ ft.			
				16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ 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)					
18. Elevation:		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. <i>Theraps Water Well Service</i> Business name <i>Theraps Water Well Service</i> License No. <i>143</i> Address <i>Fort Bend</i> Signed <i>Charles C. Myers</i> Date <i>5-31</i> Authorized representative			
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 Department of Health and Environment

Form WWC-5