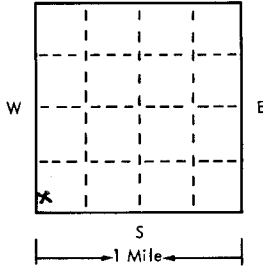


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County PAWNEE	Township name	Fraction SW SW	Section number 4	Town number 23S	Range number 17W								
Distance and direction from nearest town or city: 2 1/2 E.			3 Owner of well: Red Tiger Drilling CO											
Street address of well location if in city: Garfield, KS			Address: 1720 Wichita Plaza Wichita, Kans											
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: Rig # 4 PATTON, Welch			4 Well depth: 25 ft. Date of completion 2-21-75 Well diameter 4 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									
					6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> Oil Rig									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TOP-Soil-Clay</td> <td style="width:10%;">0</td> <td style="width:10%;">10</td> <td style="width:30%;"></td> </tr> <tr> <td>Sand-Gravel</td> <td>10</td> <td>25</td> <td></td> </tr> </table>			TOP-Soil-Clay	0	10		Sand-Gravel	10	25				7 Casing: Material PVC Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 4 in. to 25 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
TOP-Soil-Clay	0	10												
Sand-Gravel	10	25												
<p>4/23/74 Received reply from Robert A. Yancik that their company plugged their water well according to 28-30-7 Abandonment Regulations 1, 2, + 3 4/24/75 DWB</p>					8 Screen: Manufacturer MPI Type sawed Dia. 4" Slot/gauze 48" Length 10' Set between 15 ft. and 25 ft. Fittings: 48"-3/4" Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____									
					9 Static water level: 10 ft. below land surface Date 2-21-75									
					10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 40 g.p.m.									
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____									
					12 Well head completion: 12" <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade									
					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 _____ ft. to 10 ft.									
					14 Nearest source of possible contamination: Oil ft. 70 Direction N Type Test Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
					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									
16 Remarks: elevation					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. Kelly Water Well Serv 186 Business name _____ License No. _____ Address Rt. 2 Great Bend, KS Signed Kelly Ruess Date 2-22-75 Authorized representative									

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

Form WWC-5