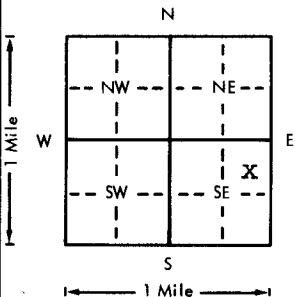


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Edwards</b>	Fraction <b>c 1/4 ne 1/4 se 1/4</b>	Section number <b>5</b>	Township number <b>T 23 S R 19</b>	Range number <b>19</b>
2. Distance and direction from nearest town or city: <b>6-S 1-W 1-3/4-S of Rozel, Ks.</b> Street address of well location if in city:			3. Owner of well: <b>David Stiebe</b> R.R. or street: <b>Rt. 2</b> City, state, zip code: <b>Kinsley, Kansas 67547</b>		
4. Locate with "X" in section below: 			Sketch map:		
5. Type and color of material			6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>150</u> ft. <u>4-9-79</u>		
			7. <input checked="" 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		
			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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <u>pvc</u> Height: Above or <del>below</del> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5 1/2</u> in. to <u>150</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>258</u>		
			10. Screen: Manufacturer's name <u>CertainTeed</u> Type <u>pvc</u> Dia. _____ Slot <del>xxx</del> <u>1/16</u> Length <u>40</u> Set between <u>150</u> ft. and <u>110</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>		
			11. Static water level: _____ mo./day/yr. <u>38</u> ft. below land surface Date <u>2-26-79</u>		
			12. Pumping level below land surfaces: <u>na</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>2-26-79</u>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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 <u>0</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>east</u> Type <u>barn yard</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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:			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>Rosencrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, Ks. 67530</u> Signed <u>[Signature]</u> Date <u>4-27-79</u> Authorized representative		
19. Remarks:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

23 190-5  
 Sec 1/4 1/4 ON/4  
 GNE SC

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

Form WWC-5