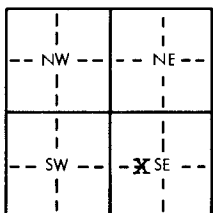


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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<br><b>Stafford</b> | Fraction<br><b>cw <math>\frac{1}{2}</math> <math>\frac{1}{4}</math> se <math>\frac{1}{4}</math></b>                                  | Section number<br><b>25</b> | Township number<br><b>T 24 S</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | Range number<br><b>R 13W E/W</b> |     |     |     |     |     |                                                                                                                                         |  |  |  |
| 2. Distance and direction from nearest town or city:<br><b>4 <math>\frac{1}{2}</math> s 2 <math>\frac{3}{4}</math> e</b>                                                                                                                                                                                                                      |              |                           | 3. Owner of well: <b>Dnb Drlg inc.</b><br>R.R. or street: <b>515 Garvey Bldg</b><br>City, state, zip code: <b>Wichita, Ks. 67202</b> |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
| 4. Locate with "X" in section below:<br><div style="text-align: center;">N<br/>1 Mile<br/>W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>---</td><td>---</td><td>---</td></tr><tr><td>---</td><td>---</td><td>---</td></tr><tr><td>---</td><td>---</td><td>---</td></tr></table> E<br/>S<br/>1 Mile</div> |              |                           | ---                                                                                                                                  | ---                         | ---                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ---                              | --- | --- | --- | --- | --- | Sketch map:<br><div style="text-align: center;"></div> |  |  |  |
| ---                                                                                                                                                                                                                                                                                                                                           | ---          | ---                       |                                                                                                                                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
| ---                                                                                                                                                                                                                                                                                                                                           | ---          | ---                       |                                                                                                                                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
| ---                                                                                                                                                                                                                                                                                                                                           | ---          | ---                       |                                                                                                                                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
| 5. Type and color of material                                                                                                                                                                                                                                                                                                                 |              |                           | From                                                                                                                                 | To                          | 6. Bore hole dia. <b>8</b> in. Completion date <b>5-31-78</b><br>Well depth <b>60</b> ft.                                                                                                                                                                                                                                                                                                                                                                                     |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
| Top Soil-Clay                                                                                                                                                                                                                                                                                                                                 |              |                           | 0                                                                                                                                    | 30                          | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary                                                                                                                                                                                  |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
| Sand                                                                                                                                                                                                                                                                                                                                          |              |                           | 30                                                                                                                                   | 40                          | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                                                        |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
| Sand-Gravel                                                                                                                                                                                                                                                                                                                                   |              |                           | 40                                                                                                                                   | 60                          | 9. Casing: Material <input type="checkbox"/> Height: Above or <input checked="" type="checkbox"/> Below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in.<br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft.<br>Dia. <b>5</b> in. to <b>60</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>Sch 40</b> |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                               |              |                           |                                                                                                                                      |                             | 10. Screen: Manufacturer's name <b>Jetstream</b><br>Type <b>pvc</b> Dia. <b>5"</b><br>Slot/gouze <b>1/32"</b> Length <b>20'</b><br>Set between <b>40</b> ft. and <b>60</b> ft.<br><input type="checkbox"/> ft. and <input type="checkbox"/> ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/4"</b>                                                                                                                                    |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                               |              |                           |                                                                                                                                      |                             | 11. Static water level: <input type="checkbox"/> mo./day/yr.<br><b>18</b> ft. below land surface Date <b>5-31-78</b>                                                                                                                                                                                                                                                                                                                                                          |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                               |              |                           |                                                                                                                                      |                             | 12. Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield <b>60</b> g.p.m.                                                                                                                                                                                                                                                                                            |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                               |              |                           |                                                                                                                                      |                             | 13. Water sample submitted: ____ mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____                                                                                                                                                                                                                                                                                                                                                 |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                               |              |                           |                                                                                                                                      |                             | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade                                                                                                                                                                                                                                                                                                                                                                            |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                               |              |                           |                                                                                                                                      |                             | 15. Well grouted? <input checked="" type="checkbox"/><br>With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.                                                                                                                                                                                                                                              |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                               |              |                           |                                                                                                                                      |                             | 16. Nearest source of possible contamination: <b>oil</b><br>ft. <b>70</b> Direction <b>se</b> Type <b>test</b><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                       |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                               |              |                           |                                                                                                                                      |                             | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name ____<br>Model number ____ HP ____ Volts ____<br>Length of drop pipe ____ ft. capacity ____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other                                                          |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
| (Use a second sheet if needed)                                                                                                                                                                                                                                                                                                                |              |                           |                                                                                                                                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |
| 18. Elevation:<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley                                                                                                                                                         | 19. Remarks: |                           |                                                                                                                                      |                             | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Kellys Waterwell Ser 186</b><br>Business name <b>K2, Great Bend, Ks.</b> License No. ____<br>Address <b>Kelly Price</b> Date <b>10-9</b><br>Signed <b>Kelly Price</b> Authorized representative                                                                                                               |                                  |     |     |     |     |     |                                                                                                                                         |  |  |  |

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

Form WWC-5