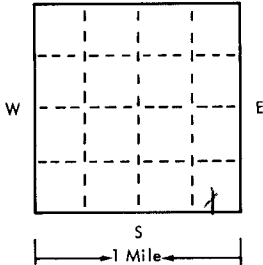


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

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

1 Location of well:	County <i>Stafford</i>	Township name	Fraction <i>SE/SE/SE/4</i>	Section number <i>37</i>	Town number <i>24</i>	Range number <i>13</i>
Distance and direction from nearest town or city: <i>5 South East of St. John, Kas.</i> Street address of well location if in city:				3 Owner of well: <i>D. F. Hawk oil co.</i> Address: <i>301 South Broadway, Wichita, Kas.</i>		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <i>60</i> ft. Date of completion <i>2-22-75</i> Well diameter <i>7 7/8</i> 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
<i>Top Soil</i>				<i>0</i>	<i>2</i>	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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"/> <i>Oil Field Water Supply</i>
<i>Clay</i>				<i>2</i>	<i>20</i>	7 Casing: Material <i>steel</i> Height: <i>above</i> Below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. _____ Weight <i>160</i> lbs./ft. _____ <i>4</i> in. to <i>40</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth
<i>Sand &amp; Gravel</i>				<i>30</i>	<i>30</i>	8 Screen: Manufacturer <i>R+B</i> Type <i>per</i> Dia. <i>4</i> <i>Slot</i> Gauge <i>1/4</i> Length <i>20</i> Set between <i>40</i> ft. and <i>60</i> ft. _____ Fittings: <i>3/4-8-1/2</i> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>20-30</i>
<i>clay</i>				<i>30</i>	<i>48</i>	9 Static water level: <i>30</i> ft. below land surface Date <i>2-22-75</i>
<i>Sand &amp; gravel</i>				<i>48</i>	<i>62</i>	10 Pumping level below land surfaces: <i>38</i> ft. after <i>1</i> hrs. pumping <i>30</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>90</i> g.p.m.
<i>Clay</i>				<i>62</i>	<i>90</i>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
<i>Hard</i>				<i>90</i>		12 Well head completion: <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 type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>0</i> ft. to <i>10</i> ft.
						14 Nearest source of possible contamination: ft. <i>97</i> Direction <i>NW</i> Type <i>oil well</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input 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.m.p. 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 <i>well will be pulled &amp; plugged at later date</i>				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. <i>Resnerantz Bonnie 134</i> Business name _____ License No. _____ Address <i>Chick Bend, Kas</i> Signed <i>Indira Watson</i> Date <i>2-24-75</i> Authorized representative		

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

Form WWC-5