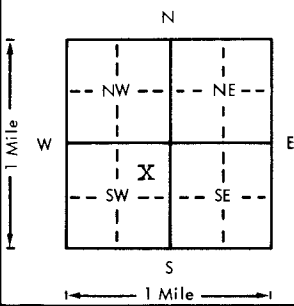


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>1/4 SW 1/4</b>	Section number <b>25</b>	Township number <b>T 24</b>	Range number <b>S R 16W</b>	E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:		<b>1 1/2 s 3e</b> <b>Belpre, Ks.</b>		3. Owner of well: <b>Woodman-Iannitti Drlg Co.</b> R.R. or street: <b>Box 308</b> City, state, zip code: <b>Great Bend, Ks.</b>		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>6</u> in. Completion date <u>10-12-77</u> Well depth <u>60</u> ft.		
5. Type and color of material				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		
				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"/> Height: Above or below <u>XXXX</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>        </u> lbs./ft. Dia. <u>2</u> in. to <u>60</u> ft. depth   Wall Thickness: <u>        </u> inches or Dia. <u>        </u> in. to <u>        </u> ft. depth   gage No. <u>sch 40</u>		
				10. Screen: Manufacturer's name <u>Jetstream</u> Type <u>pvc</u> Dia. <u>2"</u> Slot/gauze <u>1/16"</u> Length <u>20'</u> Set between <u>40</u> ft. and <u>60</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/4"</u>		
				11. Static water level: <u>        </u> mo./day/yr. <u>18</u> ft. below land surface Date <u>10-12-77</u>		
				12. Pumping level below land surfaces: <u>        </u> ft. after <u>        </u> hrs. pumping <u>        </u> g.p.m. <u>        </u> ft. after <u>        </u> hrs. pumping <u>        </u> g.p.m. Estimated maximum yield <u>50</u> g.p.m.		
				13. Water sample submitted: <u>        </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>        </u>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>oil test</u> ft. <u>65</u> Direction <u>se</u> Type <u>        </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>        </u> Model number <u>        </u> HP <u>        </u> Volts <u>        </u> Length of drop pipe <u>        </u> ft. capacity <u>        </u> 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. <b>Kellys Waterwell Ser 186</b> Business name <u>        </u> License No. <u>        </u> Address <u>Great Bend, Ks.</u> Signed <u>Kelly Price</u> Date <u>8-6-79</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 24  
 R 16W  
 Sec 25  
 1/4 1/4 1/4

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

Form WWC-5