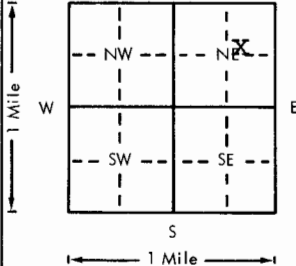


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Reno</b>	Fraction <b>sw 1/4 ne 1/4 ne 1/4</b>	Section number <b>27</b>	Township number <b>T 24 S R 5w E/W</b>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>le 1/2 s Yoder, 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. 67530</b>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 			6. Bore hole dia. <b>8</b> in. Completion date <b>5-22-78</b> Well depth <b>67</b> 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 ground <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2</b> lbs./ft. Dia. <b>4</b> in. to <b>67</b> ft. depth Wall Thickness: inches or 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> Type <b>pvc</b> Dia. <b>4"</b> Slot/gauze <b>1/16"</b> Length <b>20'</b> Set between <b>47</b> ft. and <b>67</b> ft. 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. <b>12</b> ft. below land surface Date <b>5-22-78</b>		
(Use a second sheet if needed)			12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>50</b> g.p.m.		
			13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
			14. Well head completion: ____ Pitless adapter <b>12</b> 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 <b>0</b> ft. to <b>10</b> ft.		
			16. Nearest source of possible contamination: <b>oil</b> ft. <b>60</b> Direction <b>se</b> Type <b>test</b> Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			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		
			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 License No. Address <b>R2 Great Bend, Ks.</b> Signed <b>Kelly Price</b> Date <b>10-5-79</b> Authorized representative		
			18. Elevation:		
			19. Remarks:		
			Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		

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

Form WWC-5