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

WATER WELL RECORD
KSA 82a-1201-1215

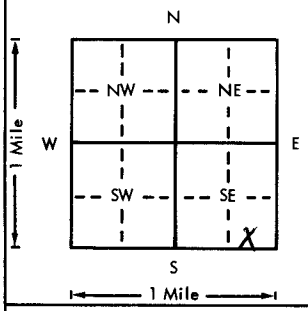
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Edwards	SC 1/2 1/4 SE 1/4 SE 1/4	26	T 25 (S)	R 17 E (W)

2. Distance and direction from nearest town or city: 7S-3W. north side rd. from Belpre, Ks.
Street address of well location if in city:

3. Owner of well: Pickrell Drilling Co.
R.R. or street: Litwin Bldg. Suite 205
City, state, zip code: Wichita Ks. 67202

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 11 in. Completion date
Well depth 65 ft. 2-10-78

7. __ Cable tool X Ratary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn X Oil field water __ Other

9. Casing: Material PVC Height: Above or ~~below~~
Threaded ___ Welded ___ Surface 24 in.
RMP ___ PVC ✓ Weight ___ lbs./ft.
Dia. 4½ in. to 65 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 237

5. Type and color of material	From	To
Top soil	0	2
Clay	2	6
Sand & gravel	6	17
Sand & gravel mixed clay	17	28
Sand & gravel	28	65
Clay	65	

(Use o second sheet if needed)

10. Screen: Manufacturer's name Certainteed
Type PVC Dia. 4½
Slot/~~mesh~~ 1116 Length 20
Set between 45 ft. and 65 ft.
___ ft. and ___ ft.
Gravel pack? ✓ Size range of material ½ 34 3/8

11. Static water level: mo./day/yr.
13½ ft. below land surface Date 2-10-78

12. Pumping level below land surfaces: NA
___ 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.
__ Yes ✓ No Date

14. Well head completion:
__ Pitless adapter ___ Inches above grade

15. Well grouted? X
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 75 Direction SE Type Oil well
Well disinfected upon completion? ~~##~~ Yes ___ No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
__ Slope
__ Upland
X Valley

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.
Rosencrantz-Bemis 134
Business name License No.
Address Great Bend, Kansas 67530
Signed Sandra Clark Date 2-16-78
Authorized representative

T 25 R 17 E (W) Sec 26 1/4 SC 1/2 SE 1/4 SE 1/4

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

Form WWC-5

MI-1023