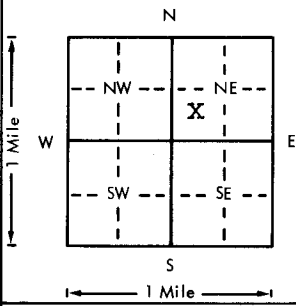


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 csw 1/4 ne 1/4</b>	Section number <b>14</b>	Township number <b>T 25 S</b>	Range number <b>R 18W E/W</b>
2. Distance and direction from nearest town or city: <b>4n</b> Street address of well location if in city: <b>Centerview, Ks.</b>			3. Owner of well: <b>Red Tiger Drlg Co</b> R.R. or street: <b>1720 Ks St Bk Bldg</b> City, state, zip code: <b>Wichita, Ks. 67202</b>			
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>62</b> ft. <b>2-2-78</b>			
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			
From			9. Casing: Material _____ Height: Above <del>grade</del> _____ Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>5.8</b> lbs./ft. Dia. <b>5</b> in. to <b>62</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>sch 40</b>			
			10. Screen: Manufacturer's name _____ <b>Jetstream</b> Type <b>pvc</b> Dia. <b>5</b> " Slot/gauze <b>1/32</b> " Length <b>20</b> ' Set between <b>42</b> ft. and <b>62</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: <b>1/8-3/4</b> "			
Top Soil-Clay			0	25	11. Static water level: _____ mo./day/yr. <b>18</b> ft. below land surface Date <b>2-2-78</b>	
Sandy Clay			25	35	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>70</b> g.p.m.	
sand-Gravel			35	62	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ 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>sw</b> Type <b>test</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					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	
			(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 License No. _____ Address <b>R2 Great Bend, Ks.</b> Signed <b>Kelly Price</b> Date <b>8-30-78</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 25 S  
 R 18 W  
 Sec 14  
 1/4 csw 1/4 ne

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

Form WWC-5