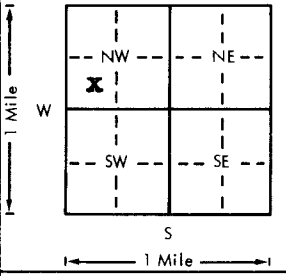


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>C 1/4 SW 1/4 NW 1/4</b>	Section number <b>26</b>	Township number T <b>25</b> S R	Range number <b>18</b> E/W		
2. Distance and direction from nearest town or city: <b>2 1/2 N 1-W of Centerview, Kansas.</b> Street address of well location if in city:			3. Owner of well: <b>Pickrell Drilling Co.</b> R.R. or street: <b>Litwin Bldg. Suite 205</b> City, state, zip code: <b>Wichita, Kansas 67202</b>					
4. Locate with "X" in section below: N W  E S 1 Mile			Sketch map:		6. Bore hole dia. <b>9 7/8</b> in. Completion date _____ Well depth <b>120</b> ft. <b>5-18-78</b>			
5. Type and color of material			From	To	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			
			<b>Fine sand</b>		0	10	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	
			<b>Brown red clay</b>		10	15	9. Casing: Material <b>pvc</b> Height: Above or below <b>na</b> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>120</b> depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>.237</b>	
			<b>Fine sand</b>		15	20	10. Screen: Manufacturer's name <b>CertainTeed</b> Type <b>pvc</b> Dia. <b>4</b> Slot <b>1/16</b> Length <b>20</b> Set between <b>80</b> ft. and <b>100</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>	
			<b>Sand &amp; gravel</b>		20	27	11. Static water level: _____ mo./day/yr. <b>34</b> ft. below land surface Date <b>5-18-78</b>	
			<b>Brown clay</b>		27	32	12. Pumping level below land surfaces: <b>na</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
			<b>Sand &amp; gravel</b>		32	95	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
			<b>Brown &amp; white clay</b>		95	128	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
							15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
							16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>North</b> Type <b>oiltest</b> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" 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				
(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>Rosencrantz-Bemis</b> <b>134</b> Business name License No. Address <b>Great Bend, Kansas 67530</b> Signed <b>Sandy Kutz</b> Date <b>5-31-78</b> Authorized representative				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley								

25-18-78  
 Sec 26  
 1/4 1/4 1/4

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

Form WWC-5