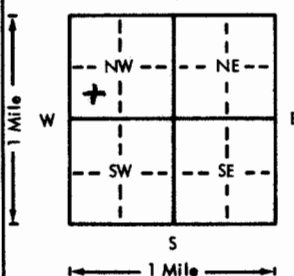


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>Gray</b>	Fraction <b>C 1/4 SW 1/4 NW 1/4</b>	Section number <b>34</b>	Township number <b>T 25 S R 29</b>	Range number <b>29</b>
2. Distance and direction from nearest town or city: <b>2 W of Ingalls</b> Street address of well location if in city:			3. Owner of well: <b>Slawson Drilling Co.</b> R.R. or street: <b>Wichita, Ks.</b> City, state, zip code:		
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 <b>10-23-78</b> Well depth <b>61</b> ft.	
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>Top Soil</b>		<b>0</b>	<b>3</b>	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>Med. to Lar. Sand Gravel Some Clay</b>		<b>3</b>	<b>68</b>	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>61</b> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>205</b>	
				10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>1/8"</b> Length <b>40'</b> Set between <b>21</b> ft. and <b>66</b> ft.	
				11. Static water level: _____ mo./day/yr. <b>10</b> ft. below land surface Date <b>10-23-78</b>	
				12. Pumping level below land surfaces: _____ 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>24</b> inches above grade	
				15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>3</b> ft.	
				16. Nearest source of possible contamination: <b>None</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <b>Customer Installed</b> Model number <b>his own pump</b> 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	
18. Elevation:  Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>#15 did the best we could</b>			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>Eriksen Windmill</b> <b>252</b> Business name License No. <b>Heade, Kansas 67864</b> Address Signed <b>[Signature]</b> Date <b>11-21-78</b> Authorized representative	

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

Form WWC-5