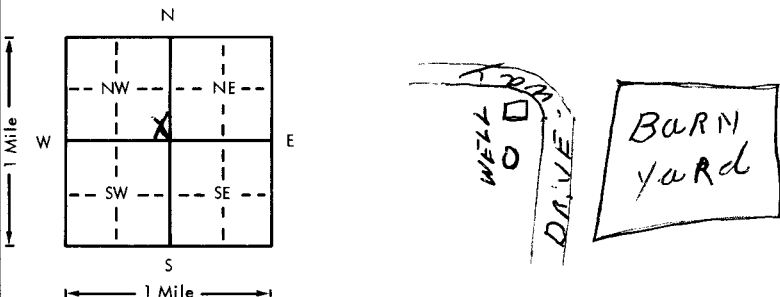


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>SE 1/4 SE 1/4 NW 1/4</b>	Section number <b>24</b>	Township number <b>T 25 S</b>	Range number <b>R 30 E</b>
2. Distance and direction from nearest town or city: <b>in Charleston, Ks</b>		3. Owner of well: <b>Don Renick</b>			
Street address of well location if in city:		R.R. or street: City, state, zip code: <b>Ingalls, Kansas 67853</b>			
4. Locate with "X" in section below: 		6. Bore hole dia. <b>8</b> in. Completion date <b>6-1-77</b> Well depth <b>125</b> ft.			
5. Type and color of material		7. <input checked="" 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
		9. Casing: Material <b>RMP</b> Height: Above or below <b>XXXX</b> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>20</b> in. RMP <b>XX</b> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>125</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>250</b>			
		10. Screen: Manufacturer's name <b>sunflower</b> Type <b>RMP</b> Dia. <b>5</b> " Slot/groove <b>1/8</b> " Length <b>20</b> ft. Set between <b>100</b> ft. and <b>120</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <b>yes</b> Size range of material <b>2</b> "			
		11. Static water level: <input type="checkbox"/> mo./day/yr. <b>40</b> ft. below land surface Date <b>6-1-77</b>			
		12. Pumping level below land surfaces: <b>None</b> <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.			
		13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.			
		14. Well head completion: <b>None</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
		15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>15</b> ft.			
		16. Nearest source of possible contamination: <b>None</b> ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		17. Pump: <b>Windmill</b> <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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:	19. Remarks: <b>drains South and East</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>Joe's Well Service</b> <b>179</b> Business name License No. Address <b>Box 174 Cimarron, Ks.</b> Signed <b>Jimmy C. [Signature]</b> Date <b>6-24-77</b> Authorized representative		

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

Form WWC-5