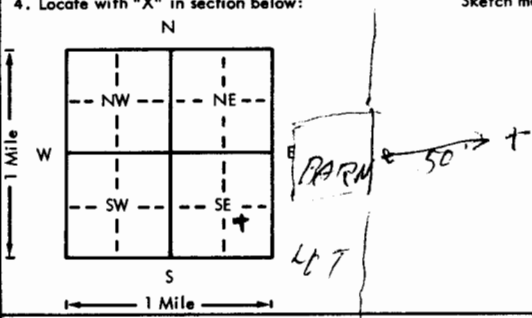


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Pratt	Fraction NW 1/4 SE 1/4 SE 1/4	Section number 4	Township number T 26 S	Range number R 12W E/W
2. Distance and direction from nearest town or city: 3N 5W Preston Ks.			3. Owner of well: David Quinn R.R. or street: Box 803 Wichita, Ks. City, state, zip code:		
4. Locate with "X" in section below: N W S 1 Mile Sketch map: 			6. Bore hole dia. <u>8</u> in. Completion date <u>8-11-76</u> Well depth <u>79</u> 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 checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>79</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>160</u>		
			10. Screen: Manufacturer's name _____ <u>Peerless</u> Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>035</u> Length <u>5'</u> Set between <u>74</u> ft. and <u>79</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1 dn</u>		
			11. Static water level: _____ mo./day/yr. <u>22</u> ft. below land surface Date <u>8-11-76</u>		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> 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 checked="" type="checkbox"/> Pitless adapter <u>20</u> 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 <u>3</u> ft. to <u>15</u> ft. 16. Nearest source of possible contamination: ft. <u>50</u> Direction <u>W</u> Type <u>lot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Pump: _____ Not installed Manufacturer's name <u>Jacuzzi</u> Model number <u>5s4B</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>63</u> ft. capacity <u>12</u> g.p.m. Type: <input checked="" 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: customer Will Pour cement					
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. Lyman Bros. <u>140</u> Business Name License No. Address <u>ML</u> Signed <u>[Signature]</u> Date <u>10-2</u> Authorized representative					

T 26 S
 R 12W
 Sec 4
 1/4 1/4 1/4 1/4
 NW SE SE

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

Form WWC-5