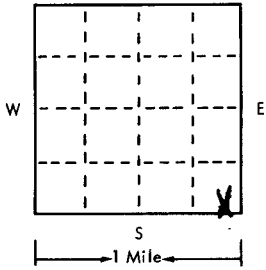


USE TYPEWRITER OR BALL-POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

<b>1 Location of well:</b>	County: <u>Pratt</u>	Township name: <u>SE-SE-SE</u>	Fraction: <u>19</u>	Section number: <u>26 S</u>	Town number: <u>12 W</u>	Range number: <u>12 W</u>
Distance and direction from nearest town or city: <u>2 mi with 4 east of Suba</u>			Street address of well location if in city: <u>east of Suba</u>			
3 Owner of well: <u>Search Drilling Co.</u>			Address: <u>Wichita Ks Hoener #1</u>			
Locate with "X" in section below: 		Sketch map:		4 Well depth: <u>100</u> ft. Date of completion: <u>6-25-75</u> Well diameter: <u>7</u> in.		
5 <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		6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <u>oilfield</u>				
7 Casing: Material: <u>PPH</u> Weight: (above/below) <u>12</u> in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam: <u>4</u> in. to <u>100</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No ___ in. to ___ ft. depth		8 Screen: Manufacturer: <u>Scott Lowell</u> Type: <u>SPM</u> Dia. <u>4"</u> Slot/gauze: <u>5</u> Length <u>10</u> Set between <u>80</u> and <u>100</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: <u>8-14</u>				
9 Static water level: <u>25</u> ft. below land surface Date: <u>6-25-75</u>		10 Pumping level below land surfaces: ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <u>100</u> g.p.m.				
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: ___		12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade				
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>2</u> ft. to <u>10</u> ft.		14 Nearest source of possible contamination: ft. <u>100</u> Direction <u>west</u> Type <u>Pit</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
15 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		16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				
17 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. <u>Myers Water Well</u> <u>143</u> Business name License No. Address: <u>Great Bend Ks.</u> Signed: <u>Raymond Myers</u> Date: <u>6-25-75</u> Authorized representative		26 12W 19 SESESE				
(use a second sheet if needed)						

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5