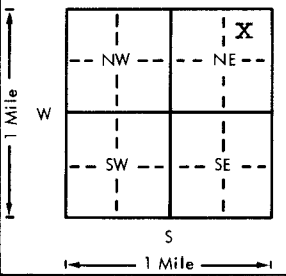


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Pratt</b>	Fraction <b>1/4cne 1/4ne 1/4</b>	Section number <b>23</b>	Township number <b>T 26 S R</b>	Range number <b>12W E/W</b>
2. Distance and direction from nearest town or city: <b>2w 1n</b> Street address of well location if in city: <b>Preston Ks.</b>			3. Owner of well: <b>Damac Drilling Inc</b> R.R. or street: <b>Box 1164</b> City, state, zip code: <b>Great Bend, Ks.</b>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>8</u> in. Completion date <u>8-16-77</u> Well depth <u>102</u> ft.
Top Soil-Clay			0	40	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
Sandy Clay			40	60	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
Sand			60	70	9. Casing: Material <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>102</u> ft. depth Wall Thickness: inches or gage No. <u>Sch 40</u>
Sand-Gravel			70	102	10. Screen: Manufacturer's name <u>Jetstream</u> Type <u>pvc</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>30'</u> Set between <u>72</u> ft. and <u>102</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/4</u>
					11. Static water level: _____ mo./day/yr. <u>38</u> ft. below land surface Date <u>8-16-77</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>60</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 type="checkbox"/> Pitless adapter <u>12</u> inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>00</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: <u>Oil test</u> ft. <u>55</u> Direction <u>se</u> Type _____ 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>Kelly's Waterwell Ser 186</b> Business name License No. _____ Address <b>R2 Great Bend, Ks.</b> Signed <b>Kelly Price 7-20-78</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T  
R  
Sec  
1/4 1/4 1/4  
 26  
120  
23  
CNE NE

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

Form WWC-5