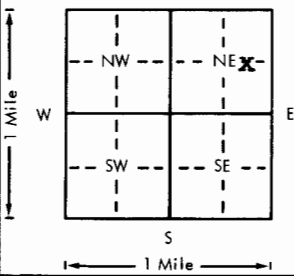


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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<br><b>Pratt</b> | Fraction<br><b>1/4 CE 1/2 1/4 NE 1/4</b>   | Section number<br><b>3</b>  | Township number<br><b>T 26 S</b>   | Range number<br><b>R 15 E/W</b> |
| 2. Distance and direction from nearest town or city:<br><b>9-S 1/2-E 1/2-S of Macksville, Ks.</b><br>Street address of well location if in city:                                      |                        |  | 3. Owner of well:<br><b>Jr. Grizzell</b><br>R.R. or street:<br><b>none</b><br>City, state, zip code:<br><b>Macksville, Kansas 67557</b> |  |                                 |
| 4. Locate with "X" in section below:<br>N<br>W<br>E<br>S<br>1 Mile<br>1 Mile  |                        | Sketch map:<br> |   | 6. Bore hole dia. <b>11</b> in. Completion date _____<br>Well depth <b>62</b> ft. <b>6-28-78</b>   |                                 |
| 5. Type and color of material   |                        | From   | To  | 7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary  |                                 |
| <b>Sandy top soil</b>   |                        | <b>0</b>   | <b>1/2</b>  | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |                                 |
| <b>Clay</b>   |                        | <b>1/2</b>   | <b>17</b>   | 9. Casing: Material <b>pvc</b> Height: Above or <del>below</del><br>Threaded _____ Welded _____ Surface <b>18</b> in.<br>RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <b>5/8</b> in. to <b>62</b> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <b>.258</b>   |                                 |
| <b>Sand &amp; gravel</b>  |                        | <b>17</b>  | <b>28</b>   | 10. Screen: Manufacturer's name<br><b>CertainTeed</b><br>Type <b>pvc</b> Dia. <b>5/2</b><br>Slot <del>1/16</del> <b>1/16</b> Length <b>20</b><br>Set between <b>42</b> ft. and <b>62</b> ft.<br>ft. and _____ ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>  |                                 |
| <b>Clay</b>   |                        | <b>28</b>  | <b>33</b>   | 11. Static water level: _____ mo./day/yr.<br><b>15</b> ft. below land surface Date <b>6-28-78</b>  |                                 |
| <b>Sand &amp; gravel</b>  |                        | <b>33</b>  | <b>62</b>   | 12. Pumping level below land surfaces:<br><b>15</b> ft. after <b>1</b> hrs. pumping <b>100</b> g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>200</b> g.p.m.  |                                 |
|   |                        |  |   | 13. Water sample submitted: _____ mo./day/yr.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>6-28-78</b>   |                                 |
|   |                        |  |   | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter _____ Inches above grade   |                                 |
|   |                        |  |   | 15. Well grouted? <input checked="" type="checkbox"/><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>14</b> ft.   |                                 |
|   |                        |  |   | 16. Nearest source of possible contamination:<br>ft. <b>100</b> Direction <b>North</b> Type <b>septic</b><br>Well disinfected upon completion? <b>HTH</b> Yes <input type="checkbox"/> No  |                                 |
|   |                        |  |   | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                 |
|   |                        | (Use a second sheet if needed)   |   |  |                                 |
| 18. Elevation:<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input checked="" type="checkbox"/> Valley | 19. Remarks:           |  |   | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Rosencrantz-Bemis</b> <b>134</b><br>Business name License No.<br>Address <b>Great Bend, Kansas 67530</b><br>Signed <b>Sandy Gilgore</b> Date <b>7-12-78</b><br>Authorized representative   |                                 |

T 26 S  
 R 15 E/W  
 Sec 3-CE 1/2 NE  
 1/4 1/4 NE

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

Form WWC-5