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

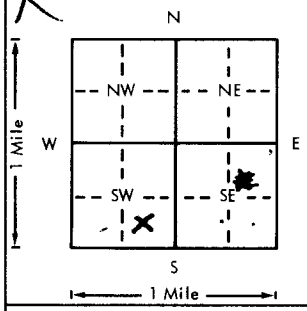
Dry Creek #1

1. Location of well: County	Fraction	Section number	Township number	Range number
Edwards	C 1/4 SE 1/4 SW 1/4	9	T 26 S	R 17 E/W

2. Distance and direction from nearest town or city: 8 Miles N. Haviland.
Street address of well location if in city:

3. Owner of well: Duane Gardner Oil Co
R.R. or street:
City, state, zip code: Wichita Kansas.

X Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 8 in. Completion date March 20-78
Well depth 66 ft.

7. __ Cable tool ✓ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn ✓ Oil field water __ Other

9. Casing: Material ____ Height: Above or below ✓
Threaded ____ Welded ✓ Surface 1' in.
RMP ____ PVC ✓ Weight 18.73 lbs./ft.
Dia. 5 in. to 60 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 200#

5. Type and color of material	From	To
Clay	0	10
Fine Sand	10	30
Clay	30	40
Gravel	40	60

(Use a second sheet if needed)

10. Screen: Manufacturer's name Shop Made
Type Saw Dia. 5
Slot/gauze 1/8" Length 20
Set between 40 ft. and 60 ft.
____ ft. and ____ ft.
Gravel pack? ✓ Size range of material 1/8 - 1/4

11. Static water level: mo./day/yr.
18 ft. below land surface Date 3-20-78

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 150 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes ✓ No Date ____

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? ✓
With: ____ Neat cement ____ Bentonite ____ Concrete ✓
Depth: From 0 ft. to 20 ft.

16. Nearest source of possible contamination:
ft. ____ Direction ____ Type ____
Well disinfected upon completion? ____ Yes ____ No

17. Pump: ✓ Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
__ Slope
✓ Upland
__ Valley

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.
Myers Water Well Service
Business name License No.
Address Great Bend 143
Signed Authorized representative Date 9-31-78

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

Form WWC-5

26 T 17 E R (W) — 9 Sec CSE¼ SE¼ SE¼

M1-1023