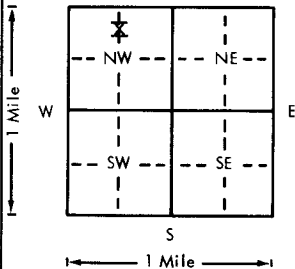


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Edwards	Fraction cn $\frac{1}{2}$ 1/4 nw 1/4	Section number 33	Township number T 26 S	Range number R 17W E/W
2. Distance and direction from nearest town or city: 4s 3/4w Street address of well location if in city: Fellsburg, Ks.		3. Owner of well: Red Tiger Drlg Co. R.R. or street: 1720 KsSt Bk Bldg City, state, zip code: Wichita, Ks.			
4. Locate with "X" in section below: 		Sketch map:		6. Bore hole dia 8 in. Completion date 12-29-77 Well depth 90 ft.	
5. Type and color of material		From		To	
		Top Soil-Clay		0#	30
		Sandy Clay		30	45
		Sand-Gravel		45	90
				10. Screen: Manufacturer's name Jetstream Type pvc Dia. 5" Slot/gauze 1/32" Length 40' Set between 50 ft. and 90 ft. Gravel pack? X Size range of material 1/8-3/4"	
		11. Static water level: 31 ft. below land surface Date 12-29-77 mo./day/yr.			
		12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 60 g.p.m.			
		13. Water sample submitted: ____ mo./day/yr. ____ Yes X No Date ____			
		14. Well head completion: ____ Pitless adapter 12 Inches above grade			
		15. Well grouted? X With: ____ Neat cement X Bentonite ____ Concrete Depth: From 0 ft. to 10 ft.			
		16. Nearest source of possible contamination: oil test ft. 60 Direction s Type oil test Well disinfected upon completion? ____ Yes X No			
		17. Pump: X 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			
(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. Kellys Waterwell Ser 186 Business name R2 Great Bend, Ks. License No. ____ Address Kellys Price Signed Kellys Price Date 8-22-79 Authorized representative		

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

Form WWC-5