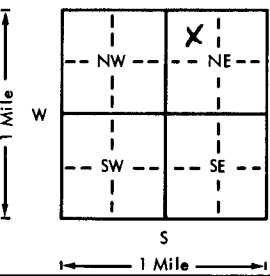


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 C 1/4 NW 1/4 NE 1/4	Section number 10	Township number T 26 S	Range number R 19 W
2. Distance and direction from nearest town or city: 7 S of Kinsley Street address of well location if in city:			3. Owner of well: Pickrell Drilling Co. R.R. or street: Suite 205 Litwin Building City, state, zip code: Wichita, Ks. 67202			
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. 6 3/4 in. Completion date 11-19-76 Well depth 110 ft.	
Top Soil			0	2	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	
Brown & Wellow Clay			2	9	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	
Brown Clay with Some Fine Sand			9	10	9. Casing: Material PVC Height: Above or Below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 160 lbs./ft. Dia. 4 in. to 100 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 1/4	
					10. Screen: Manufacturer's name R/B Type pvc Dia. 4 Slot/groove 1/16 Length 20 Set between 80 ft. and 100 ft. ft. and 100 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 3/4 3/8	
					11. Static water level: 24 ft. below land surface Date 11-19-76 mo./day/yr.	
					12. Pumping level below land surfaces: NA ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
					13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					15. Well grouted? no With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.	
					16. Nearest source of possible contamination: ft. 50 Direction SW Type oil well Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: Well was pulled & stuffed with sand & gravel		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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend Ks. Signed Fredia Rodson Date 11/19/76 Authorized representative		

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

Form WWC-5