

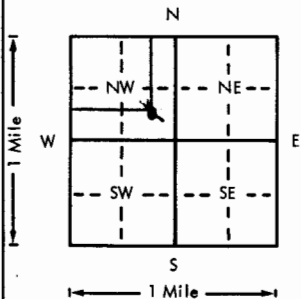
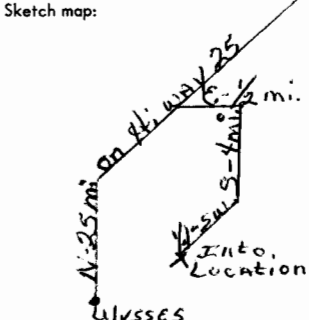
USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

Masonic Home 8-4,

CWW Inv. #12396

1. Location of well:		County <b>Kearney</b>	Fraction <b>1/4 Se 1/4 NW 1/4</b>	Section number <b>4</b>	Township number <b>T 26 S</b>	Range number <b>R 36 E/W</b>
2. Distance and direction from nearest town or city: <b>on 25 appx. 1.25 mi. S - 1/2 mi. E - 4 mi. S to</b> <b>Corr. Job - 1/4 mi. SW into Location.</b> Street address of well location if in city:			3. Owner of well: <b>Zenith Drilling Company</b> R.R. or street: <b>Suite 600, 200 W. Douglas</b> City, state, zip code: <b>Wichita, Kansas 67202</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>6/17/76</u> Well depth <u>200</u> ft.		
				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		
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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		
Surface		0	2	9. Casing: Material <input type="checkbox"/> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>28</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2.78</u> lbs./ft. Dia. <u>5</u> in. to <u>135</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>200</u> ft. depth gage No. <u>265</u>		
Clay, med. to lge sand & gravel		2	40	10. Screen: Manufacturer's name <u>Sawed Per.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>60 ft</u> Set between <u>135</u> ft. and <u>195</u> ft. ft. and <u>        </u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/8-3/16</u>		
Med. to lge. sand & gravel		40	140	11. Static water level: <u>70</u> ft. below land surface Date <u>6/17/76</u> mo./day/yr.		
Clay, med. to lge. sand & gravel 10-80-10		140	200	12. Pumping level below land surfaces: ft. after <u>        </u> hrs. pumping <u>        </u> g.p.m. ft. after <u>        </u> hrs. pumping <u>        </u> g.p.m. Estimated maximum yield <u>60</u> g.p.m.		
				13. Water sample submitted: <u>        </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>        </u>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> inches above grade		
				15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>NE</u> Type <u>oil well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>        </u> Model number <u>        </u> HP <u>        </u> Volts <u>        </u> Length of drop pipe <u>        </u> ft. capacity <u>        </u> 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		
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. <u>Carlile Water Well Service, 118</u> Business name License No. <u>        </u> Address <u>Box 275, Liberal, Ks. 67901</u> Signed <u>Edward E. Means</u> Date <u>6/30</u> Authorized representative		

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

Form WWC-5