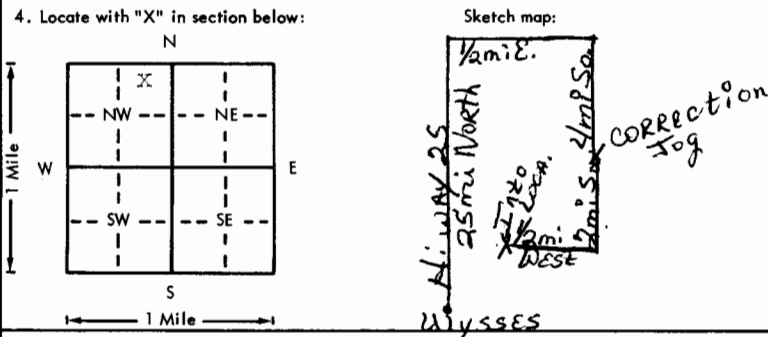


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

Lee 19-3 CWW Inv. #12453

1. Location of well:	County <b>Kearney</b>	Fraction <b>NE 1/4 NE 1/4 NW 1/4</b>	Section number <b>16</b>	Township number <b>T 26 S R 36 E/W</b>	Range number <b>36</b>
2. Distance and direction from nearest town or city: <b>25 mi. No. from Ulysses on hiway 25-1/2 mi Ea.-4 mi. So. to Corr</b> Street address of well location if in city: <b>Jog-2 mi. So. -1 mi. We. into loca.</b>			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: 			6. Bore hole dia. <b>9</b> in. Completion date <b>7/2</b> Well depth <b>200</b> ft.		
5. Type and color of material			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		
			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		
			9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>28</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.78</b> lbs./ft. Dia. <b>5</b> in. to <b>115</b> ft. depth Wall Thickness: inches or Dia. <b>5</b> in. to <b>200</b> ft. depth gage No. <b>.265</b>		
			10. Screen: Manufacturer's name <b>Sawed Perf.</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>.030</b> Length <b>80'</b> Set between <b>115</b> ft. and <b>195</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/16</b>		
			11. Static water level: <b>85</b> ft. below land surface Date <b>7/2/76</b> 12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>60</b> g.p.m.		
13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			14. Well head completion: <input type="checkbox"/> Pitless adapter <b>28</b> inches above grade		
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.			16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>NE</b> Type <b>oil well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ 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			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. <b>Carlile Water Well Service, 118</b> Business name License No. ____ Address <b>Box 275, Liberal, Ks.</b> Signed <b>Edward S. Means</b> Date <b>7/28</b> Authorized representative		
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:  (Use a second sheet if needed)				

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

Form WWC-5