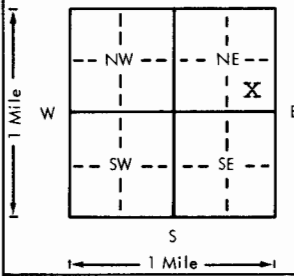


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Pratt</b>	Fraction <b>1/4 cse/4 ne 1/4</b>	Section number <b>6</b>	Township number <b>T 27 S</b>	Range number <b>R 11W E/W</b>			
2. Distance and direction from nearest town or city: <b>2s</b> Street address of well location if in city: <b>preston, ks.</b>			3. Owner of well: <b>H-30 Drilling Inc</b> R.R. or street: <b>200 N Main</b> City, state, zip code: <b>Wichita, ks. 67202</b>					
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 			6. Bore hole dia. <b>8</b> in. Completion date <b>1-31-78</b> Well depth <b>150</b> ft.		
5. Type and color of material			7. <input 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 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 <input checked="" type="checkbox"/> Below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>150</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>sch 40</b>					
			10. Screen: Manufacturer's name <b>Jetstream</b> Type <input type="checkbox"/> pvc Dia. <b>5"</b> Slot/gauze <b>1/32"</b> Length <b>40'</b> Set between <b>110</b> ft. and <b>150</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/4"</b>					
			11. Static water level: <b>44</b> ft. below land surface Date <b>1-31-78</b> mo./day/yr.					
12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>100</b> g.p.m.			13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date					
14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.					
16. Nearest source of possible contamination: <b>oil</b> ft. <b>60</b> Direction <b>ne</b> Type <b>test</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts 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					
18. Elevation:			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>Kellys Waterwell Ser 186</b> Business name License No. Address <b>R2 Great Bend Ks.</b> Signed <b>Kelly Price</b> Date <b>8-30</b> Authorized Representative					
19. Remarks:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley  (Use a second sheet if needed)								

27 1/4 - 6 CSE/NE

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

Form WWC-5