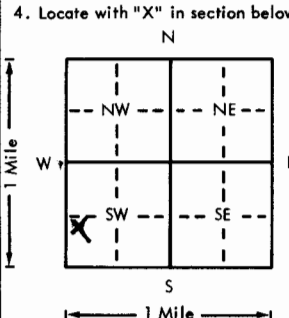


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Grimes #1

1. Location of well:	County: <i>Pratt</i>	Fraction: <i>NW 1/4 SW 1/4 SW 1/4</i>	Section number: <i>9</i>	Township number: <i>T 27 S</i>	Range number: <i>R 12 W</i>
2. Distance and direction from nearest town or city: <i>1 east 3/4 south Natrona</i>			3. Owner of well: <i>D-R Launch oil co</i> R.R. or street: <i>Wichita Kansas</i> City, state, zip code:		
4. Locate with "X" in section below: 			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <i>5</i> in. Completion date: <i>8-15-77</i> Well depth: <i>80</i> ft.
					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
<i>Clay</i>			<i>0</i>	<i>30</i>	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
<i>Sandy clay</i>			<i>30</i>	<i>50</i>	9. Casing: Material: <i>PVC</i> Height (Above or below): <i>12</i> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight: <i>287.3</i> lbs./ft. Dia. <i>5</i> in. to <i>80</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200</i>
<i>Sand</i>			<i>50</i>	<i>60</i>	10. Screen: Manufacturer's name: <i>self made</i> Type: <i>PVC</i> Dia.: <i>5</i> Gauge: <i>1/8</i> Length: <i>20</i> Set between <i>60</i> ft. and <i>80</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: <i>1/4 - 1/2</i>
<i>Gravel</i>			<i>60</i>	<i>80</i>	11. Static water level: <i>45</i> ft. below land surface Date: <i>8-15-77</i> mo./day/yr.
					12. Pumping level below land surfaces: 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: <input type="checkbox"/>
					14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.
					16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> 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:	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. <i>Myers Water Well</i> Business name: <i>Myers Water Well</i> License No. <input type="checkbox"/> Address: <i>1st Bend Ko 743</i> Signed: <i>R Myers</i> Date: <i>8-15-77</i> Authorized representative		

T 27 L 20 R 09 NW SW SW

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

Form WWC-5