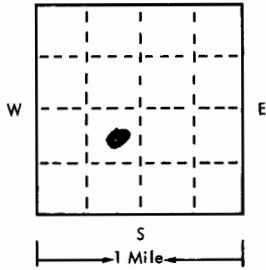


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Pratt</u>	Township name <u>Byers</u>	Fraction <u>CNE 1/4 SW 1/4</u>	Section number <u>4</u>	Town number <u>T27S</u>	Range number <u>R14W</u>
Distance and direction from nearest town or city: <u>Byers 4 1/2 south</u>			3 Owner of well: <u>Search Drilling Co.</u>			
Street address of well location if in city:			Address: <u>2nd St. Hatfield #1</u>			
Locate with "X" in section below:		Sketch map:		Well depth: <u>75</u> ft. Date of completion <u>1-22-75</u>		
				Well diameter <u>4</u> in.		
2		Type and color of material		From	To	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug
		<u>Clay</u>		<u>0</u>	<u>18</u>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
		<u>fine sand</u>		<u>18</u>	<u>20</u>	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry
		<u>Clay</u>		<u>20</u>	<u>45</u>	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial
		<u>sand</u>		<u>45</u>	<u>50</u>	<input type="checkbox"/> Test well <input checked="" type="checkbox"/> <u>oil field</u>
		<u>shovel</u>		<u>50</u>	<u>75</u>	7 Casing: Material <u>Plastic</u> Height: above/below
						Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>2 1/2</u> in.
						Diam. <u>4</u> in. to <u>75</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						Weight <u>125</u> lbs./ft. <u>100</u>
						8 Screen: Manufacturer <u>Jen + Lowell</u>
						Type <u>RMP</u> Dia. <u>4 in</u>
						Slot gauge <u>1/8</u> Length <u>10</u>
						Set between <u>65</u> ft. and <u>75</u> ft.
						Fittings: <u>1/8-1/4</u>
						Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u>
						9 Static water level: <u>18</u> ft. below land surface Date <u>1-27-75</u>
						10 Pumping level below land surfaces:
						<u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.
						<u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m.
						Estimated maximum yield <u> </u> g.p.m.
						11 Water sample submitted:
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>
						12 Well head completion: <u>12</u>
						<input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> <u> </u>
						Depth: From <u>0</u> ft. to <u>15</u> ft.
						14 Nearest source of possible contamination: <u>SALT</u>
						ft. <u>100</u> Direction <u>WEST</u> Type <u>H2O</u>
						Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
						15 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.m.p.
						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
16 Remarks: elevation				17 Water well contractor's certification:		
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill				<u>Myers Water Well Serv 1</u>		
<input type="checkbox"/> Slope				Business name <u> </u> License No. <u> </u>		
<input checked="" type="checkbox"/> Upland				Address <u>2nd St. Hatfield #1</u>		
<input type="checkbox"/> Valley				Signed <u> </u> Date <u>1-27-75</u>		
				Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5