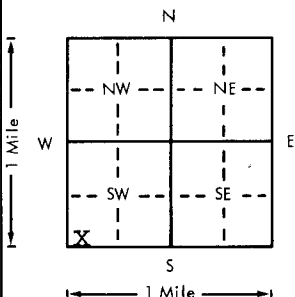


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Kiowa</b>	Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section number <b>19</b>	Township number <b>T <del>27</del> 27 S</b>	Range number <b>R 16w E/W</b>	
2. Distance and direction from nearest town or city: <b>4n 1w</b> Street address of well location if in city: <b>Haviland, Ks.</b>			3. Owner of well: <b>Red Tiger Drlg Co.</b> R.R. or street: <b>1720 Ks St Bldg</b> City, state, zip code: <b>Wichita, Ks. 67202</b>				
4. Locate with "X" in section below: 			Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>107</b> ft. <b>2-24-78</b>		
5. Type and color of material			From		To		
			<b>Top Soil-Clay</b>		<b>0</b>	<b>38</b>	
			<b>Sandy Clay</b>		<b>38</b>	<b>50</b>	
			<b>Sand</b>		<b>50</b>	<b>65</b>	
			<b>Clay</b>		<b>65</b>	<b>79</b>	
<b>Sand-Gravel</b>		<b>79</b>	<b>107</b>				
					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 _____ Height: Above <del>ground</del> <b>12</b> in. Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>107</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <b>Sch 40</b>		
					10. Screen: Manufacturer's name <b>Jetstream</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>1/32"</b> Length <b>20'</b> Set between <b>87</b> ft. and <b>107</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/4"</b>		
					11. Static water level: _____ mo./day/yr. <b>42</b> ft. below land surface Date <b>2-24-78</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>75</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>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 test</b> ft. <b>60</b> Direction <b>sw</b> Type <b>test</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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		
			(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. <b>Kellys Waterwell Ser 186</b> Business name License No. Address <b>R2 Great Bend, Ks.</b> Signed <b>Kelly Price</b> Date <b>9-1-78</b> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 27  
R 16w  
Sec 19  
SW SW SW  
1/4 1/4 1/4

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

Form WWC-5