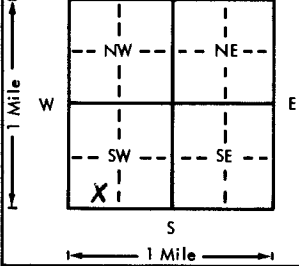


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>27</b>	Township number <b>T 27 S R 16 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>3N-3E of Haviland, Ks.</b> Street address of well location if in city:				3. Owner of well: <b>Galen Houston</b> R.R. or street: <b>Haviland, Ks.</b> City, state, zip code:		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <b>8 3/4</b> in. Completion date <b>5/24/76</b> Well depth <b>108</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 checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>160</b> lbs./ft. Dia. <b>1</b> in. to <b>108</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____		
				10. Screen: Manufacturer's name <b>R &amp; B</b> Type <b>pvc</b> Dia. <b>4</b> Slot/gauze <b>1/16</b> Length <b>20</b> Set between <b>88</b> ft. and <b>108</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4-3/8-1/2</b>		
				11. Static water level: _____ mo./day/yr. <b>42</b> ft. below land surface Date <b>5-24-76</b>		
				12. Pumping level below land surface: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
				15. Well grouted? _____ With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>500</b> Direction <b>west</b> Type <b>septic tank</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____		
				17. Pump: _____ Not installed Manufacturer's name <b>Red Jacket</b> Model number <b>11cc</b> HP <b>1 1/2</b> Volts <b>230</b> Length of drop pipe <b>84</b> ft. capacity <b>15</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ _____ Jet _____ Reciprocating _____ _____ Centrifugal _____ 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>Rosencrantz-Bemis 134</b> Business name License No. Address <b>Great Bend, Ks.</b> Signed <i>Freddie Dodson</i> Date <b>6/26/76</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 27 S R 16 E/W  
 Sec 27  
 1/4 1/4 1/4  
 27 S W S W S W

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

Form WWC-5