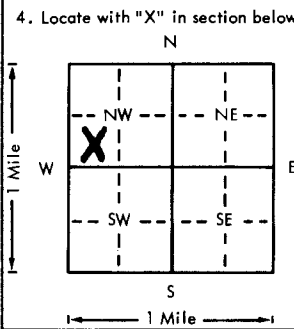


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>C 1/4 SW 1/4 NW 1/4</b>	Section number <b>35</b>	Township number T <b>27</b> S R <b>16</b> <b>EW</b>	Range number
2. Distance and direction from nearest town or city: <b>1 M W - 2 1/2 N WELSFORD, KS.</b>			3. Owner of well: <b>BRYAN K. WARD</b> R.R. or street: <b>WELSFORD, KS</b> City, state, zip code:			
4. Locate with "X" in section below: 			Sketch map:			6. Bore hole dia. <b>8</b> in. Completion date Well depth <b>120</b> ft. <b>1-7-82</b>
5. Type and color of material			From		To	
			<b>TOP SOIL</b>		<b>0 5</b>	
			<b>CLAY</b>		<b>5 70</b>	
			<b>GRAVEL + SAND</b>		<b>70 120</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: <input checked="" type="checkbox"/> Above or below Threaded _____ Welded _____ Surface <b>24</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.83</b> lbs./ft. Dia. <b>5</b> in. to <b>120</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <b>SDR-21</b>			
			10. Screens: Manufacturer's name <b>PEERLESS PVC</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauze _____ Length _____ Set between <b>100</b> ft. and <b>120</b> ft. _____ ft. and _____ ft. Gravel pack? <b>YES</b> Size range of material <b>1/4-3/8 FINE</b>			
			11. Static water level: _____ mo./day/yr. <b>70</b> ft. below land surface Date <b>1-7-82</b>			
			12. Pumping level below land surfaces: <b>N/A</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>50</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>24"</b> Inches above grade			
			15. Well grouted? <b>YES</b> With: <input checked="" type="checkbox"/> Neat cement <input 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>NONE</b> ft. _____ Direction _____ Type _____ 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			
18. Elevation:			19. Remarks: <b>GRAVES DRILLING CO.</b> <b>WICHITA, KS. - OIL OPERATOR</b>			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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>BRAD DRILLING INC 217</b> Business name <b>BUCKLIN KS</b> License No. _____ Address <b>Raben</b> Date <b>1-19-82</b> Signed _____ Authorized representative			

27 16 E  
R  
Sec 35 C SW NW  
1/4 1/4

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

Form WWC-5