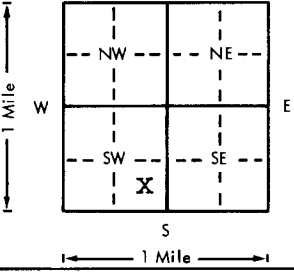


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

| | | | | | |
|---|------------------------|---|---|--|---|
| Location of well: | County Kiowa | Fraction 1/4 cse^q/4 SW 1/4 | Section number 35 | Township number T 27 S R 16w | Range number E/W |
| Distance and direction from nearest town or city: 2n 3 1/2 e | | | 3. Owner of well: Red Tiger Drlg Co. R.R. or street: 1720 Ks St Bk Bldg City, state, zip code: Wichita, Ks. 67202 | | |
| Street address of well location if in city: Haviland Ks | | | | | |
| 4. Locate with "X" in section below: Sketch map:  | | | 6. Bore hole dia. 8 in. Completion date _____ Well depth 122 ft. 3-10-78 | | |
| | | | 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 XXXX _____ Threaded _____ Welded _____ Surface 15 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 2.8 lbs./ft. Dia. 5 in. to 122 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. sch 40 | | |
| 5. Type and color of material | | | From | To | 10. Screen: Manufacturer's name _____ Jetstream |
| Top Soil-Clay | | | 0 | 35 | Type pvc Dia. 5" |
| Sandy Clay | | | 35 | 55 | Slot/gauze 1/32" Length 30 |
| Sand | | | 55 | 86 | Set between 92 ft. and 122 ft. ft. and _____ ft. |
| Sand-Gravel | | | 86 | 122 | Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-3/4" |
| | | | | | 11. Static water level: _____ mo./day/yr. 62 ft. below land surface Date 3-10-78 |
| | | | | | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 60 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 15 Inches above grade |
| | | | | | 15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete Depth: From 0 ft. to 10 ft. |
| | | | | | 16. Nearest source of possible contamination: Oil ft. XXXX Direction SW Type test Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No |
| | | | | | 17. Pump: <input checked="" type="checkbox"/> Nat installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> 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. Kellys Waterwell Ser 186 Business name _____ License No. _____ Address R2, Great Bend, Ks. Signed Kelly Price Date 9-11-78 Authorized representative | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | |

T 27 S R 16w E/W
 Sec 35
 1/4 cse^q/4 SW 1/4

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

Form WWC-5