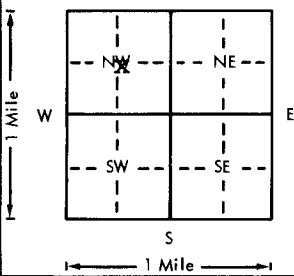


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 1/4 1/4 CNW1/4	Section number <b>8</b>	Township number T 27 S	Range number R 18 <b>(W)</b>
2. Distance and direction from nearest town or city: <b>8 miles North of Greensburg, KS</b> Street address of well location if in city:			3. Owner of well: <b>Allan F. Robb</b> R.R. or street: <b>Le Grand Pin, Parc Cezanne, Route du Tholonet, 13100 Aix-en-Provence</b> City, state, zip code: <b>FRANCE</b>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>24</u> in. Completion date <u>5-3-77</u> Well depth <u>145</u> ft.
Top soil & sandy clay			0	10	7. Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary
Sand & gravel			10	17	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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
Brown & white clay & limestone & gravel stone			17	38	9. Casing: Material <u>steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>70</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>117</u> ft. depth gage No. <u>7ga.</u>
Sand & gravel			38	102	10. Screen: Manufacturer's name <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> Slot gauge <u>1/8</u> Length <u>60'</u> Set between <u>70</u> ft. and <u>102</u> ft. <u>117</u> ft. and <u>145</u> ft. Gravel pack? <u>yes</u> Size range of material <u>3/8-200</u>
Brown & white clay & limestone			102	117	11. Static water level: _____ mo./day/yr. <u>31</u> ft. below land surface Date <u>4-22-77</u>
Sand & gravel			117	145	12. Pumping level below land surfaces: <u>N/C</u> _____ 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
					15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: <u>FIELD</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					17. Pump: _____ Not installed Manufacturer's name <u>Peerless Pump</u> Model number <u>12LB-3</u> HP <u>80</u> Volts <u>---</u> Length of drop pipe <u>80</u> ft. capacity <u>900</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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>Clarke Well &amp; Eq., Inc. 185</b> Business name License No. _____ Address <u>Great Bend, KS 67530</u> Signed <u>[Signature]</u> Date <u>5-6-77</u> Authorized representative		

22 18 W E S 1/4 1/4 1/4 1/4

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

Form WWC-5