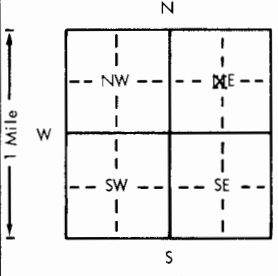


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>1/4 c 1/4 ne 1/4</b>	Section number <b>10</b>	Township number <b>T 27 S R 19 E</b>	Range number <b>19 E</b>
2. Distance and direction from nearest town or city: <i>SE of Reno to Mullinville, KS.</i> Street address of well location if in city: <i>10-N 1/2-E 2-N 1/4-E 1-N 3/4-E of</i>			3. Owner of well: <b>Pickrell Drilling Co.</b> R.R. or street: <b>110 N. Market</b> City, state, zip code: <b>Wichita, Ks. 67202</b>			
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>140</u> ft. <u>1-29-76</u>			
5. Type and color of material			From	To	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	
sandy top soil			0	2	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	
clay			2	25	9. Casing: Material <u>pvc</u> Height: Above or <del>Below</del> <input checked="" type="checkbox"/> Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia <u>4</u> in. to <u>140</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>.237</u>	
good sand & gravel			25	83	10. Screen: Manufacturer's name _____ <b>CertainTeed</b> Type <u>pvc</u> Dia. _____ Slot/gage <u>1/16</u> Length <u>20</u> Set between <u>120</u> ft. and <u>140</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>	
hard clay			83	110	11. Static water level: _____ mo./day/yr. <u>50</u> ft. below land surface Date <u>1-29-76</u>	
good sand & gravel			110	140	12. Pumping level below land surfaces: <u>70</u> ft. after <u>1</u> hrs. pumping <u>120</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>300</u> 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 _____ Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
					16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>east</u> Type <u>oilwell</u> Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input 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>Rosencrantz-Bemis</b> License No. <u>134</u> Business name _____ Address <u>Great Bend, Ks. 67530</u> Signed <u>S. S. Sgar</u> Date <u>6-19-76</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 27 S R 19 E  
Sec 10  
1/4 NW 1/4

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

Form WWC-5