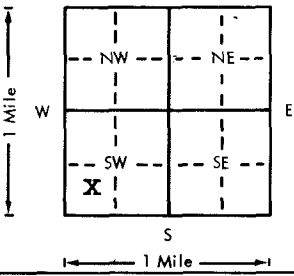


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 CSW 1/4 SW 1/4</b>	Section number <b>26</b>	Township number <b>T 27 S</b>	Range number <b>R 20W E/W</b>
2. Distance and direction from nearest town or city: <b>4 1/2 n 1 1/2 W</b> Street address of well location if in city: <b>Mullinville, Ks.</b>				3. Owner of well: <b>Gabbert-Jones Inc 67202</b> R.R. or street: <b>830 Sutton Pl</b> City, state, zip code: <b>Wichita, Ks.</b>		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <b>8</b> in. Completion date <b>12-29-77</b> Well depth <b>85</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 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		
From To				9. Casing: Material _____ Height: Above <b>XXXX</b> Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>85</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>sch 40</b>		
				10. Screen: Manufacturer's name _____ <b>Jetstream</b> Type <b>pvc</b> Dia. <b>5"</b> Slot/gauze <b>1/32"</b> Length <b>40'</b> Set between <b>45</b> ft. and <b>85</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/4"</b>		
Top Soil-Clay				0	40	11. Static water level: _____ mo./day/yr. <b>38</b> ft. below land surface Date <b>12-29-77</b>
Sand-Gravel				40	85	12. Pumping level below land surfaces: _____ 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. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
						14. Well head completion: _____ <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade
						15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
						16. Nearest source of possible contamination: _____ oil test ft. <b>60</b> Direction <b>SW</b> Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						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>Kellys Waterwell ser 186</b> Business name _____ License No. _____ Address <b>R2 Great Bend, Ks.</b> Signed <b>Kelly Price</b> Date <b>8-22-77</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

27  
 20  
 20  
 Sec  
 1/4 CSW SW  
 1/4 SW

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

Form WWC-5