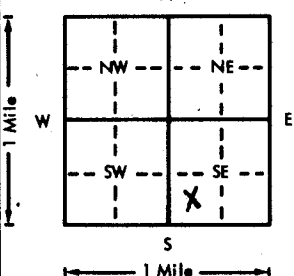


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SE 1/4</b>	Section number <b>35</b>	Township number <b>T 27 S</b>	Range number <b>R 20 E/W</b>
2. Distance and direction from nearest town or city: <b>4 north of Mullinville, Ks.</b> Street address of well location if in city:			3. Owner of well: <b>DaMac Drilling Co.</b> R.R. or street: <b>Box 1164</b> City, state, zip code: <b>Great Bend, Ks.</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. <b>8</b> in. Completion date Well depth <b>160</b> ft. <b>1/10/76</b>
Sandy top soil			0	6	7. <input checked="" 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
Brown sandy clay			6	16	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input 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
Fine sand & gravel & yellow brown clay			16	35	9. Casing: Material _____ Height: <b>above</b> below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>160</b> lbs./ft. Dia. <b>4</b> in. to <b>160</b> depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gauge No. _____
Sand & gravel			35	78	10. Screen: Manufacturer's name _____ <b>R &amp; B</b> Type <b>pvc</b> Dia. <b>4</b> <input checked="" type="checkbox"/> Slot gauge <b>1/16</b> Length <b>80</b> Set between <b>80</b> ft. and <b>160</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/3/4</b> 3/8
Gray clay			78	88	11. Static water level: _____ no./day/yr. <b>55</b> ft. below land surface Date <b>1/10/76</b>
Sand & gravel			88	97	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping <b>na</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
Brown gray and white clay			97	160	13. Water sample submitted: _____ no./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
Light gray & yellow brown clay			160	165	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
Red bed			165		15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>0</b> ft. to <b>10</b> ft.
					16. Nearest source of possible contamination: ft. <b>150</b> Direction <b>SE</b> Type <b>oil well</b> Well disinfected upon completion? Yes <input 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 _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ Other _____
18. Elevation:			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-Hemis 134</b> Business name _____ License No. _____ Address <b>Great Bend, Ks.</b> Signed <b>Judith Hudson</b> Date <b>1-22-76</b> Authorized representative		
19. Remarks:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5

22  
 T  
 R  
 E  
 S  
 1/4  
 1/4  
 1/4  
 CSUSE