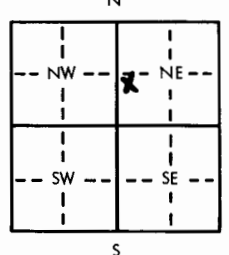


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Grant</b>	Fraction <b>NW 1/4 SW 1/4 NE 1/4</b>	Section number <b>23</b>	Township number <b>T 27 S R 38</b>	Range number <b>38</b>
2. Distance and direction from nearest town or city: <b>7 miles north - 4 west-1/2 north of Hwy jct. 160 &amp; 270 at Ulysses</b>			3. Owner of well: <b>Mary Little</b> R.R. or street: <b>122 So. Westfield</b> City, state, zip code: <b>Wichita, Ks. 67203</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>26</b> in. Completion date _____ Well depth <b>430</b> ft. <b>8-10-79</b>
Surface			0	2	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
Brown sandy clay			2	197	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
Medium to coarse sand w/clay breakers			197	255	9. Casing: Material <b>steel</b> Height <b>Above</b> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP _____ PVC _____ Weight <b>36.8</b> lbs./ft. Dia. <b>16</b> in. to <b>219.9</b> depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>219</b>
Brown shale, sandrock, lime shells & very fine sand			255	297	10. Screen: Manufacturer's name _____ <b>Lakewood Pipe of Texas</b> Type <b>steel</b> Dia. <b>16"</b> Slot/gauze <b>3/16"</b> Length <b>170.3'</b> Set between <b>259.9</b> ft. and <b>430</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 x 5/8"</b>
<del>Brown &amp; blue shale, yellow chalk, sandrock &amp; Dakota 10%</del>			297	310	11. Static water level: _____ mo./day/yr. <b>201</b> ft. below land surface Date <b>7-26-79</b>
Brown & blue shale, yellow chalk, sandrock & Dakota tight			310	387	12. Pumping level below land surfaces: <b>350</b> ft. after <b>21</b> hrs. pumping <b>1000</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>1100</b> g.p.m.
Brown & blue shale, yellow chalk, sandrock & Dakota 25%			387	405	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Dakota 75%			405	418	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> Inches above grade
Dakota, brown shale, rock shells 20%			418	435	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
(Use a second sheet if needed)					16. Nearest source of possible contamination: ft. _____ Direction _____ Type <b>field</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18. Elevation:			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		
19. Remarks: <b>40 feet of Doerr Screen set between 219.9 feet and 259.9</b>			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>Houck Bros. Drlg. Co. 164</b> Business name License No. <b>Box 487, Ulysses, Ks.</b> Address Signed <b>M. Beard</b> Date <b>12/4/79</b> Authorized representative		

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

Form WWC-5