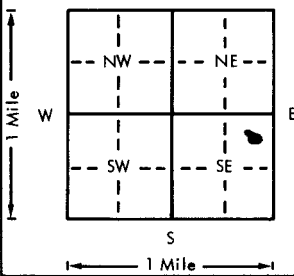


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

HOUSE #1

1. Location of well:		County <b>PRATT</b>	Fraction <b>NE 1/4 NE 1/4 SE 1/4</b>	Section number <b>2</b>	Township number <b>T 28 S</b>	Range number <b>R 11 E/W</b>
2. Distance and direction from nearest town or city: <b>4 MILE EAST</b>		3. Owner of well: <b>SEARCH DRILLING CO.</b>				
Street address of well location if in city: <b>1/4 SOUTH CAIRO</b>		R.R. or street: City, state, zip code: <b>WICHITA KANSAS</b>				
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile		Sketch map: 		6. Bore hole dia. <b>7</b> in. Completion date <b>2-22-77</b> Well depth <b>90</b> ft.		
5. Type and color of material		From	To	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		
				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		
				9. Casing: Material <b>PLASTIC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>207-3</b> lbs./ft. Dia. <b>5</b> in. to <b>90</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>840 HD</b>		
				10. Screen: Manufacturer's name <b>SELF MADE</b> Type <b>PVC</b> Dia. <b>4</b> Slot/gauze <b>48</b> Length <b>20</b> Set between <b>20</b> ft. and <b>90</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <b>YES</b> Size range of material <b>48 1/4</b>		
				11. Static water level: <b>29</b> ft. below land surface Date <b>2-22-77</b> mo./day/yr.		
				12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> inches above grade		
				15. Well grouted? <b>YES</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: <b>None</b> ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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>MYERS WATER WELL 143</b> Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address <b>GREY BEND HANS</b> Signed <b>George Chubb</b> Date <b>2/23/77</b> Authorized representative				

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

Form WWC-5