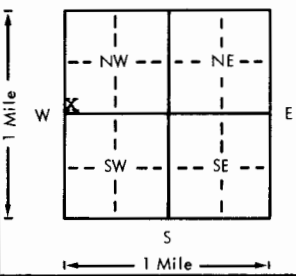


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Pratt	Fraction SW 1/4 SW 1/4 NW 1/4	Section number 12	Township number T 28 S R 11 E W	Range number 11
2. Distance and direction from nearest town or city: 3-W 1 1/2-S of Cunningham, ks. Street address of well location if in city:			3. Owner of well: Northern Natural Gas Co. R.R. or street: Box 178 City, state, zip code: Cunningham, Ks. 67035			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 			
5. Type and color of material			From	To	6. Bore hole dia. 7 7/8 in. Completion date 5-25-78 Well depth 150 ft.	
black top soil			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 & white clay			2	6	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	
brown clay			6	16	9. Casing: Material pvc Height: Above or below 18 in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 4 1/2 in. to 150 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. .237	
					10. Screen: Manufacturer's name CertainTeed Type pvc Dia. <input type="checkbox"/> Slot 1/16 Length 20 Set between 110 ft. and 130 ft. ft. and 13 3/4 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 3/8	
					11. Static water level: <input type="checkbox"/> mo./day/yr. 51 ft. below land surface Date 5-25-78	
					12. Pumping level below land surfaces: na 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"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10	
					16. Nearest source of possible contamination: ft. 50 Direction se Type oilwell Well disinfected upon completion? hth Yes <input type="checkbox"/> No <input type="checkbox"/>	
					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	
18. Elevation:			19. Remarks: (Use a second sheet if needed)			
Topography: <input checked="" type="checkbox"/> Hill <input 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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Ks. 67530 Signed J. Kiloore Date 5-16-78 Authorized representative			

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

Form WWC-5