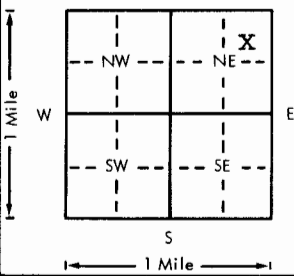


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Pratt</b>	Fraction <b>1/4 cne, 1/4 ne</b>	Section number <b>33</b>	Township number <b>T 28 S</b>	Range number <b>R 11W E/W</b>
2. Distance and direction from nearest town or city: <b>5s 2e Cairo</b>			3. Owner of well: <b>Damac Drlg. Inc.</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: 			Sketch map:  6. Bore hole dia. <b>8</b> in. Completion date <b>12-15-77</b> Well depth <b>75</b> ft.			
5. Type and color of material			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 <input type="checkbox"/> Height: Above <b>55</b> ft. <del>55</del> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>75</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> 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>20</b> Set between <b>55</b> ft. and <b>75</b> ft. ft. and <b>1/8-3/4"</b> Gravel pack? <input checked="" type="checkbox"/> Size range of material			
			11. Static water level: <input type="checkbox"/> mo./day/yr. <b>9</b> ft. below land surface Date <b>12-15-77</b>			
(Use a second sheet if needed)			12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>100</b> g.p.m.			
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date			
			14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade			
			15. Well grouted? <input checked="" type="checkbox"/> 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>oil</b> ft. <b>55</b> Direction <b>n</b> Type <b>test</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Goulds</b> Model number <b>utm</b> HP <b>5</b> Volts <b>230</b> Length of drop pipe <b>42</b> ft. capacity <b>50</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
			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>8/16/79</b> Authorized representative			
			19. Remarks:			
			19. Remarks:			
			19. Remarks:			

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

Form WWC-5