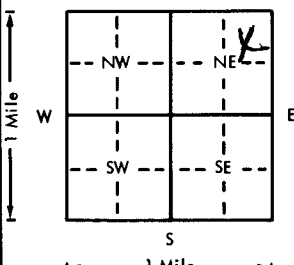


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Kiowa	Fraction 1/4 CNE 1/4 NE 1/4	Section number 22	Township number T 28	Range number S R 16 RN
2. Distance and direction from nearest town or city: 3R 1/2 S Street address of well location if in city: Haviland, KS			3. Owner of well: Gabbert-Jones, Inc R.R. or street: 830 SUTTON PL. City, state, zip code: Wichita, KS			
4. Locate with "X" in section below: N  1 Mile W E S 1 Mile			Sketch map:			6. Bore hole dia. 7 in. Completion date Well depth 173 ft. 8-14-76
			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			
			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 _____ Height: Above or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 123 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. 5640			
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____ Type PVC Dia. 5" Slot/gauze 1/8 Length 40 Set between 133 ft. and 173 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-3/4"		
Top Soil - Clay		0	62	11. Static water level: _____ mo./day/yr. 80 ft. below land surface Date 8-14-76		
Sand - clay		62	120	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 g.p.m.		
Sand - Gravel		120	173	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade		
				15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
				16. Nearest source of possible contamination: _____ ft. 75 Direction S Type Yest Well disinfected upon completion? _____ Yes <input checked="" 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 <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:			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. Kelly's Water Well Ser 186 Business name _____ License No. _____ Address R2 Great Bend, KS Signed Kelly Rice Date 8-16-76 Authorized representative		

28
 16
 22
 C NE 1/4
 Sec
 1/4 1/4 1/4

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

Form WWC-5