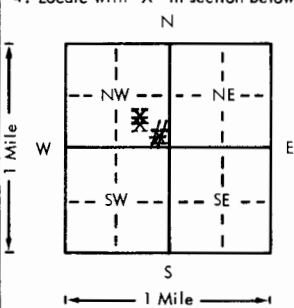


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Kiowa</b>	Fraction <b>1/4 cse 1/4 nw 1/4</b>	Section number <b>1</b>	Township number <b>T 28 S R 19W</b>	Range number <b>E/W</b>
2. Distance and direction from nearest town or city: <b>ln 3w</b> Street address of well location if in city: <b>Greensburg, Ks.</b>			3. Owner of well: <b>Abercrombie Drlg Inc</b> R.R. or street: <b>R1</b> City, state, zip code: <b>Great Bend, Ks. 67530</b>			
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>8</b> in. Completion date Well depth <b>168</b> ft. <b>5-23-78</b>		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	
5. Type and color of material			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 or below <b>XXXX</b> 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>168</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>40'</b> Set between <b>128</b> ft. and <b>168</b> ft. ft. and <input type="checkbox"/> ft.		11. Static water level: <input type="checkbox"/> mo./day/yr. <b>58</b> ft. below land surface Date <b>5-23-78</b>	
			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>60</b> g.p.m.		13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
			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>70</b> Direction <b>se</b> Type <b>test</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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)			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 Diner</b> Date <b>10-5</b> Authorized representative		18. Elevation: 19. Remarks:	
Tapography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

28  
 19  
 W  
 Sec  
 1  
 CSE  
 1/4 1/4 5/4

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

Form WWC-5