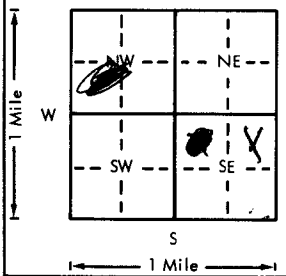


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

**BRENSING #1**

1. Location of well: County <b>KIOWA</b> Section <b>C 1/4 NW 1/4 SE 1/4</b> Section number <b>6</b> Township number <b>T 28 S R 20 E/W</b> Range number	
2. Distance and direction from nearest town or city: <b>2 1/2 MILE WEST</b> Street address of well location if in city: <b>3 MI NORTH MULLINVILLE</b>	
3. Owner of well: <b>SEARCH DRILL CO</b> R.R. or street: <b>NICBITA R.N.V.</b> City, state, zip code:	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<b>CLAY</b>	<b>0 40</b>
<b>GRAVEL</b>	<b>40 85</b>
<b>CLAY</b>	<b>85 105</b>
6. Bore hole dia. <b>8</b> in. Completion date <b>2-14-77</b> Well depth <b>105</b> ft.	
7. 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: <input checked="" type="checkbox"/> Above 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>257.3</b> lbs./ft. Dia. <b>5</b> in. to <b>105</b> ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <b>SCH 40 1265</b>	
10. Screen: Manufacturer's name <b>SELF MADE</b> Type <b>PVC</b> Dia. <b>5</b> Gauge <b>18</b> Length <b>20</b> Set between <b>65</b> ft. and <b>85</b> ft. Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <b>1/2-1/4</b>	
11. Static water level: <input checked="" type="checkbox"/> <b>28</b> ft. below land surface Date <b>2-16-77</b> mo./day/yr.	
12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.	
13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <b>12</b> inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
16. Nearest source of possible contamination: <b>None</b> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ HP ____ Volts ____ Model number ____ 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:  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <b>MYERS WATER WELL 143</b> Business name License No. Address <b>G.T. BEND MNS</b> Signed <b>Dwayne Church</b> Date <b>2/14/77</b> Authorized representative

T 28 S R 20 E Sec 6 C 1/4 NW 1/4 SE

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

Form WWC-5