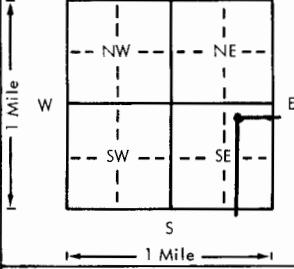


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

CWW Inv. #15122

1. Location of well:	County Gray	Fraction NW 1/4 NE 1/4 SE 1/4	Section number 36	Township number T 28S	Range number S R 30W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:	3. Owner of well: Mr. Earl Fry R.R. or street: 2201 Cresent Drive City, state, zip code: Dodge City, Kansas 67801				
4. Locate with "X" in section below: 	Sketch map: 				
6. Bore hole dia. <u>11</u> in. Completion date <u>10-1-78</u> Well depth <u>190</u> ft.					
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 checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other					
9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>28</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>6</u> in. to <u>125</u> ft. depth Wall Thickness: inches or Dia. <u>6</u> in. to <u>190</u> ft. depth gage No. _____					
10. Screen: Manufacturer's name <u>Sawed Perforation</u> Type <u>PVC</u> Dia. <u>6"</u> Slot/gauze _____ Length <u>60'</u> Set between <u>125</u> ft. and <u>185</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/8-3/16</u>					
11. Static water level: mo./day/yr. <u>95</u> ft. below land surface Date <u>10-1-78</u>					
12. Pumping level below land surfaces: ft. after _____ hrs. pumping _____ g.p.m. ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>100</u> g.p.m.					
13. Water sample submitted: mo./day/yr. Yes <input checked="" type="checkbox"/> No Date _____					
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>28</u> Inches above grade					
15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.					
16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>none</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
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					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					
19. Remarks: (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. <u>Carlile Water Well Service 118</u> Business name _____ License No. _____ Address <u>Box AA, Liberal, KS 67901</u> Signed <u>Edward L. Means</u> Date <u>10-18-78</u> Authorized representative _____					

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

Form WWC-5