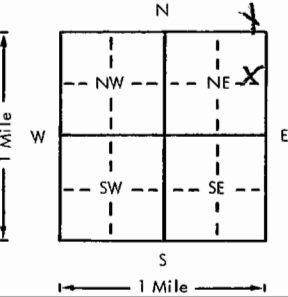


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Lea</u>		Fraction <u>NE 1/4</u>	Section number <u>1</u>	Township number <u>T 29</u>	Range number <u>S 12 W</u>
2. Distance and direction from nearest town or city: <u>Corio 1.54 mi</u> <u>6 mile south 1 mile west 1/2 south</u> Street address of well location if in city: <u>2310 F.S.L. 330 F.E.L.</u>		3. Owner of well: <u>A-30-INC.</u> R.R. or street: <u>200 N. Main</u> City, state, zip code: <u>Wichita 67202</u>			
4. Locate with "X" in section below: 		Sketch map:			
5. Type and color of material		From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>12-19-78</u> Well depth <u>90</u> ft.	
<u>SANDY CLAY</u>		<u>0</u>	<u>20</u>	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	
<u>CLAY</u>		<u>20</u>	<u>40</u>	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	
<u>Sticky Clay</u>		<u>40</u>	<u>50</u>	9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>278.3</u> lbs./ft. Dia. <u>5</u> in. to <u>90</u> ft. depth Wall Thickness: <u>1/8</u> in. or Dia. <u>5</u> in. to <u>90</u> ft. depth gage No. <u>2001 265</u>	
<u>Fine Sand</u>		<u>50</u>	<u>70</u>	10. Screen: Manufacturer's name <u>Peerless</u> Type <u>SPW</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>90</u> ft. and <u>70</u> ft. ft. and <u>70</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8</u>	
<u>Gravel</u>		<u>70</u>	<u>90</u>	11. Static water level: <u>55</u> ft. below land surface Date <u>12-19-78</u> mo./day/yr.	
				12. Pumping level below land surfaces: ft. after <u> </u> hrs. pumping <u> </u> g.p.m. ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.	
				13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
				14. Well head completion: <u> </u> Pitless adapter <u>12</u> inches above grade	
				15. Well grouted? <u>yes</u> With: <u> </u> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: <u>None</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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. <u>QUEERS WATER WELL 143</u> Business name <u>QUEERS BAND KS</u> License No. <u> </u> Address <u> </u> Signed <u>Elmer Bendahl</u> Date <u>12-19-78</u> Authorized representative				

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

Form WWC-5