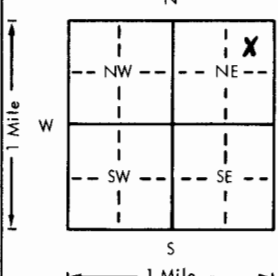


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

*Patric #1*

1. Location of well: <i>PRATT</i>		Fraction <i>330 F.N.L. 330 F.E.L.</i> <i>C 1/4 NE 1/4 NE 1/4</i>	Section number <i>1</i>	Township number <i>T 29 S</i>	Range number <i>S R 12 W</i>
2. Distance and direction from nearest town or city: <i>6 miles SOUTH 1 mile WEST</i> Street address of well location if in city:		3. Owner of well: <i>H. 30 LLC</i> R.R. or street: <i>200 N. MAIN</i> City, state, zip code: <i>Wichita Kansas 67202</i>			
4. Locate with "X" in section below: 		Sketch map:		6. Bore hole dia: <i>9</i> in. Completion date <i>12-19-78</i> Well depth: <i>90</i> ft.	
5. Type and color of material		From	To	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 <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>278.3</i> lbs./ft. Dia <i>5</i> in. to <i>90</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>200</i>	
				10. Screens: Manufacturer's name <i>Carlless</i> Type <i>Saw</i> Dia. <i>5</i> Slot/gauze <i>1/4</i> Length <i>30</i> Set between <i>90</i> ft. and <i>70</i> ft. ft. and <i>70</i> ft. Gravel pack? <i>yes</i> Size range of material <i>4-7</i>	
				11. Static water level: <i>63</i> ft. below land surface Date <i>12-19-78</i> mo./day/yr.	
				12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> inches above grade	
				15. Well grouted? <i>yes</i> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <i>None</i> 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 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	
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <i>Myers Water Well 143</i> Business name <i>Great Bend</i> License No. <i>12-19-78</i> Address <i>Great Bend</i> Date <i>12-19-78</i> Signature <i>Clayton Grand</i> Authorized representative			

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

Form WWC-5