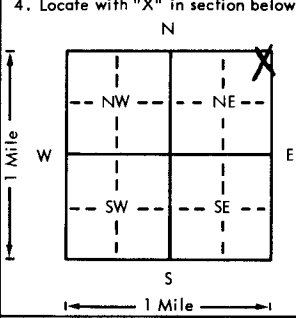


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>NE 1/4 NE 1/4 NE 1/4</b> Section number <b>3</b> Township number <b>T 29 S R 16 W E/W</b> Range number	
2. Distance and direction from nearest town or city: <b>1 1/2 mi S of Wellford, KS</b> Street address of well location if in city: <b>Wellford, KS</b>	
3. Owner of well: <b>MID AMERICAN PIPELINE CO.</b> R.R. or street: City, state, zip code: <b>TULSA, OKLA.</b>	
4. Locate with "X" in section below: Sketch map: <b>DRAINAGE</b> 	
6. Bore hole dia. <b>10</b> in. Completion date <b>3 Oct 78</b> Well depth <b>120</b> ft.	
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	
8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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: <b>Above</b> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>100</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>258</b>	
10. Screen: Manufacturer's name <b>Reerbes</b> Type <b>Saw slot</b> Dia. <b>5"</b> Slot/gauze <b>1/8</b> Length <b>20'</b> Set between <b>100</b> ft. and <b>120</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4" X 1/4"</b>	
11. Static water level: _____ mo./day/yr. <b>66</b> ft. below land surface Date <b>3 Oct 78</b>	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>60</b> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> Inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>4</b> ft. to <b>14</b> ft.	
16. Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No	
17. Pump: _____ Not installed Manufacturer's name <b>STARITE</b> Model number <b>8</b> HP <b>1/2</b> Volts _____ Length of drop pipe <b>100</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other	
(Use a second sheet if needed)	
18. Elevation:  Topography: ____ Hill ____ Slope <input checked="" type="checkbox"/> Upland ____ Valley	19. Remarks: <b>4' x 4' x 4" slab poured below pitless adapter</b>
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>Central Well &amp; Pump 325</b> Business name License No. Address <b>121 S. Taylor Pratt KS</b> Signed <b>Bob Anomick</b> Date <b>20 Oct 78</b> Authorized representative	

T 29 S R 16 W E/W - 3 NE 1/4 NE 1/4

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

Form WWC-5