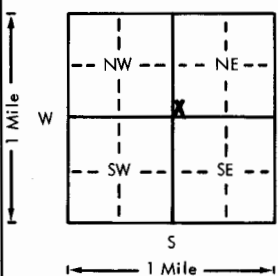
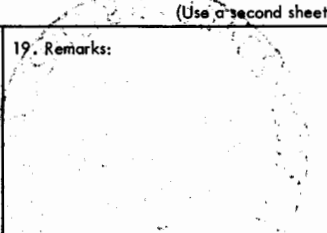


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Grant</b>	Fraction SW 1/4 SW 1/4 NE 1/4	Section number <b>7</b>	Township number T 29 S R	Range number <b>35</b>
2. Distance and direction from nearest town or city: <b>2 miles east, 1 1/2 south, 1/2 east from Hickok, Ks.</b>			3. Owner of well: <b>Cities Service Co.</b> R.R. or street: <b>Columbian Division</b> City, state, zip code: <b>RFD 1, Ulysses, Ks. 67880</b>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			6. Bore hole dia. <b>27</b> in. Completion date _____ Well depth <b>447</b> ft. <b>7/11/77</b>		
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 <b>steel</b> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP _____ PVC _____ Weight <b>36.8</b> lbs./ft. Dia. <b>16</b> in. to <b>266.3</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>219</b>			10. Screen: Manufacturer's name _____ <b>Lakewood Pipe of Texas</b> Type <b>steel</b> Dia. <b>16"</b> Slot/gauze <b>3/16</b> Length <b>180.10'</b> Set between <b>266.3</b> ft. and <b>447</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 x 5/8"</b>		
11. Static water level: <b>240.6</b> ft. below land surface Date <b>6/7/77</b>			12. Pumping level below land surfaces: <b>320</b> ft. after <b>9.8</b> hrs. pumping <b>450</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>500</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>18</b> Inches above grade		
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>0</b> ft. to <b>10</b> ft.			16. Nearest source of possible contamination: ft. <b>800</b> Direction <b>S.W.</b> Type <b>Plant</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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: _____ 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>Houck Bros. Drig. Co. 164</b> Business name _____ License No. _____ Address <b>Box 487, Ulysses, Ks.</b> Signed <b>M. Beard</b> Date <b>8/1/77</b> Authorized representative			21. _____ 22. _____ 23. _____ 24. _____ 25. _____ 26. _____ 27. _____ 28. _____ 29. _____ 30. _____ 31. _____ 32. _____ 33. _____ 34. _____ 35. _____ 36. _____ 37. _____ 38. _____ 39. _____ 40. _____ 41. _____ 42. _____ 43. _____ 44. _____ 45. _____ 46. _____ 47. _____ 48. _____ 49. _____ 50. _____		

29 35 7-Subs WUE  
1/4 1/4 1/4

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

Form WWC-5