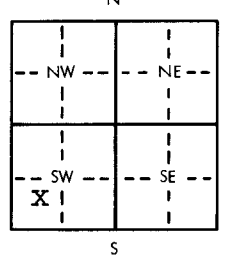


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Barber</u> Pratt | Fraction <u>1/4CSW 1/4SW 1/4</u> | Section number <u>11</u> | Township number T <u>30</u> S <u>11</u> R <u>11</u> | Range number E/W |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: <u>Isabel, Ks.</u> | | | 3. Owner of well: <u>Red Tiger Drlg. Co.</u> R.R. or street: <u>1720 Ks. St. Bk. Bldg.</u> City, state, zip code: <u>Wichita, Ks 67202</u> | | | |
| 4. Locate with "X" in section below: N W E S 1 Mile | | | Sketch map:  | | | 6. Bore hole dia. <u>8</u> in. Completion date <u>7-26-77</u> Well depth <u>152</u> 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 | |
| Top Soil-Slay | | | 0 | 60 | 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 | |
| Sand-Clay Mixed | | | 60 | 100 | 9. Casing: Material <u>XXXX</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2</u> lbs./ft. Dia. <u>4</u> in. to <u>152</u> depth Wall thickness: inches or Dia. <u>40</u> in. to <u>152</u> ft. depth gage No. <u>Sch 40</u> | |
| Sand-Gravel | | | 100 | 152 | 10. Screen: Manufacturer's name <u>Jetstream</u> Type <u>pvc</u> Dia. <u>4"</u> Slot/gauze <u>1/16</u> Length <u>40'</u> Set between <u>112</u> ft. and <u>152</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/4</u> | |
| | | | | | 11. Static water level: <u>45</u> ft. below land surface Date <u>7-26-77</u> mo./day/yr. | |
| | | | | | 12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>60</u> g.p.m. | |
| | | | | | 13. Water sample submitted: ____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date ____ | |
| | | | | | 14. Well head completion: ____ Pitless adapter <u>12</u> Inches above grade | |
| | | | | | 15. Well grouted? <input checked="" type="checkbox"/> 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: <u>oil</u> ft. <u>65</u> Direction <u>SW</u> Type <u>test</u> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| | | | | | 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: ____ Submersible ____ Turbine ____ Jet ____ Reciprocating ____ Centrifugal ____ Other | |
| (Use a second sheet if needed) | | | | | | |
| 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. <u>Kelly's Water Well Ser 186</u> Business name <u>R2 Great Bend, Ks.</u> License No. ____ Address <u>Kelly Price</u> Date <u>8-21-77</u> Signed <u>Kelly Price</u> Authorized representative | | | |
| Topography: ____ Hill ____ Slope <input checked="" type="checkbox"/> Upland ____ Valley | | | | | | |

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

Form WWC-5