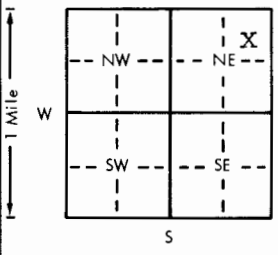


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>1/4 cne 1/4 ne 1/4</b>	Section number <b>27</b>	Township number <b>T 30 S R 18w</b>	Range number <b>E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
<b>13s</b> <b>Greensburg, Ks.</b>			<b>Gabbert-Jones Inc.</b> <b>830 Sutton Pl.</b> <b>Wichita, Ks. 67202</b>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>8</b> in. Completion date Well depth <b>218</b> ft. <b>11-2-77</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 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 <input type="checkbox"/> Below <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>218</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <b>sch 40</b>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name <b>Jetstream</b>
Top Soil-Clay			0	40	Type <b>pvc</b> Dia. <b>5"</b>
Sandy Clay			40	100	Slot/gauze <b>1/16"</b> Length <b>40'</b>
Sand			100	150	Set between <b>178</b> ft. and <b>218</b> ft.
Clay			150	160	Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/4"</b>
Sand			160	175	11. Static water level: <b>85</b> ft. below land surface Date <b>11-2-77</b>
Sand-Gravel			175	218	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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
					16. Nearest source of possible contamination: <b>oil test</b> ft. <b>60</b> Direction <b>s</b> Type <b>oil test</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
(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.		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			<b>Kellys Waterwell Ser 186</b> Business name <b>R2 Great Bend, Ks.</b> License No. _____ Address _____ Signed <b>Kellys P... 8-9-77</b> Date Authorized representative		

30 186 27 CNE NE  
 T R E S  
 Sec 1/4 1/4 ON 1/4

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

Form WWC-5