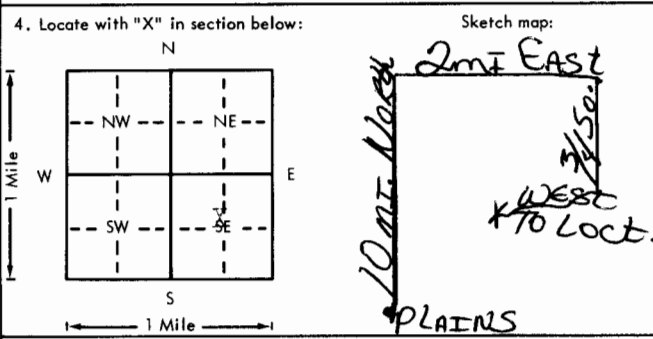


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

CWW Inv. #13636 Hobart #1

1. Location of well:	County Meade	Fraction 1/4 SE 1/4 SE 1/4	Section number 26	Township number T 30S S R	Range number 30W E/W
2. Distance and direction from nearest town or city: From West Edge of Plains go 10 mi. North - 2 mi. East - 3/4 south and West to location.			3. Owner of well: Rains & Williamson Oil Corp. R.R. or street: 435 Page Court, 220 W. Douglas City, state, zip code: Wichita, Kansas 67202		
4. Locate with "X" in section below: 			6. Bore hole dia. 9 in. Completion day 7-11-77 Well depth 280 ft.		
5. Type and color of material			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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface 28 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 2.78 lbs./ft. Dia. 5 in. to 160 ft. depth Wall Thickness: inches or Dia. 5 in. to 280 ft. depth gage No. 265		
			10. Screen: Manufacturer's name _____ Sawed perf. Type PVC Dia. 5" Slot/gauze .030 Length 100' Set between 160 ft. and 260 ft. _____ ft. and _____ ft. Gravel pack? yes Size range of material 1/8-3/16		
			11. Static water level: _____ mo./day/yr. 170 ft. below land surface Date 7/14/77		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 20 g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter 28 Inches above grade		
			15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From 0 ft. to 10 ft.		
			16. Nearest source of possible contamination: ft. 100 Direction NE Type oilwell 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 _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ Other _____		
(Use a second sheet if needed)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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. Carlile Water Well Service 118 Business name License No. _____ Address Box 275, Liberal, KS Signed Edward E. Meam Date 8-2-77 Authorized representative	

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

Form WWC-5