

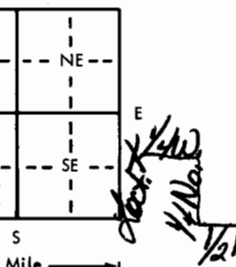
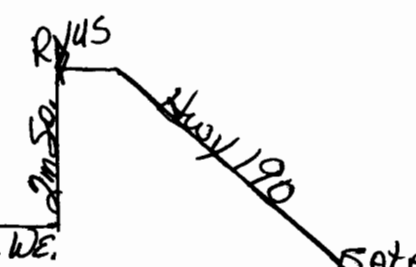
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

CWW Inv. #13912

Taylor 2-2

County Grant		Fraction 1/4 SE 1/4 SW 1/4		Section number 2		Township number T 30S S R		Range number 35W E/W	
2. Distance and direction from nearest town or city: From Satanta take Hwy 190 to Ryus then go 2m SO. <small>Street address of well location if in city:</small> 2m We - 2m No - 2m We to location.					3. Owner of well: Zenith Drilling Corp., Inc. R.R. or street: Suite 600, 200 W. Douglas City, state, zip code: Wichita, Kansas 67202				
4. Locate with "X" in section below: 					Sketch map: 				
5. Type and color of material					From		To		6. Bore hole dia. <u>9</u> in. Completion date <u>10-12</u>
									Well depth <u>340</u> ft.
Surface Sandy clay Medium to large sand Gravel Clay 60% & Gravel Fine sand & medium to large sand Medium to large sand					0 2 70 100 160 180 260 340		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		
							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 <u>28</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2.78</u> lbs./ft. Dia. <u>5</u> in. to <u>255</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>340</u> ft. depth gage No. <u>.265</u>		
							10. Screen: Manufacturer's name _____ <u>Sawed perf.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>80'</u> Set between <u>255</u> ft. and <u>335</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/8-3/16</u>		
							11. Static water level: _____ mo./day/yr. <u>270</u> ft. below land surface Date <u>10-12-77</u>		
							12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>40</u> 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 <u>28</u> inches above grade		
							15. Well grouted? <u>yes</u> 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: ft. <u>100</u> Direction <u>NE</u> Type <u>oilwell</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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		
18. Elevation: _____ Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					19. Remarks: (Use a second sheet if needed)				
					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 118 Business name License No. _____ Address Box 275 Liberal, KS Signed <u>Edward E. Means</u> Date <u>10/2</u> Authorized representative				

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

Form WWC-5