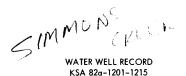
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.



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Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620

CAC

Fraction Section number Town number Range number County Township name SW VNE SW 1 Location of well: T 31S R 23 W Clark 3 Owner of well: RINE DRLG. CO.ATT:MR.MCCUNE Distance and direction from nearest town or city:
JCT.east of Meade, Kan. 6N 9E SUITE 600-300 W.DOUGLAS Address: Street address of well location if in city: WICHITA, KANSAS 4 Well depth: 275 ft. Date of completion 5-27-75 Locate with "X" in section below: Sketch map: Well diameter ______ in. 5 Cable tool X Rotary Driven Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary 6 Use: Domestic Public supply Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐ ______ W 7 Casing: Material _____ Height: above/below Threaded Welded Surface _____ in. Weight __ -1 Mile _ ft. depth Drive shoe? ☐ Yes ☐ No __ft.depth Type and color of material Τo Manufacturer ____X FEST HOLE Set between -Gravel pack Yes A No Size range of material - $1\frac{40}{1}$ ft. below land surface Date _ 10 Pumping level below land surfaces: sand ___ ft. after _____ hrs. pumping _ ft. after __ ___ hrs. pumping _ blue clay Estimated maximum yield _____ 11 Water sample submitted: DRY HOLE Yes No Date . X 12 Well head completion: Pitless adapter Inches above grade 13 Well grouted? K Yes □ No Neat cement Bentonite Depth: From 20 ft. to 15 ft. 130-140 BROCK 60 14 Nearest source of possible contamination:
ft. _____ Direct are t known Type Well disinfected upon completion? Yes Not installed Manufacturer's name . ___ HP _____ Volts Model number _____ Length of drop pipe ___ _ ft. capacity ____ g.m.p. Type: Submersible ☐ Turbine ☐ Jet Reciprocating Certrifugal (use a second sheet if needed) Other 17 Water well contractor's certification: 16 Remarks: elevation This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Craig Water Well Topography: 🖺 Hill Business pame Address BOX Slope Upland Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

☐ Valley

Form WWC-5