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

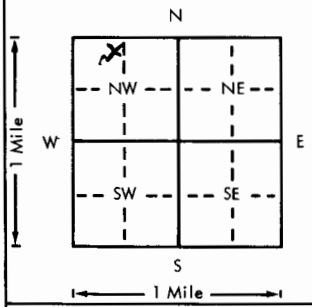
Dirks #1

1. Location of well:	County: Harper	Fraction: NE 1/4 NW 1/4 NW 1/4	Section number: 16	Township number: T 31 S	Range number: R 9 W E/W

2. Distance and direction from nearest town or city: 9 South
Street address of well location if in city: 1 3/4 West Zenda

3. Owner of well: Search Drilling Co
R.R. or street: Wichita Kansas
City, state, zip code:

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 8 in. Completion date 2-4-78
Well depth 120 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn X Oil field water __ Other

9. Casing: Material: Plastic Height: Above or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC X Weight 287-3 lbs./ft.
Dia. 5 in. to 120 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

5. Type and color of material	From	To
Clay	0	50
Sandy clay	50	100
Gravel	100	120
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Self made
Type PVC Dia. 5
Slot/gauze 1/8 Length 20
Set between 100 ft. and 120 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/8"

11. Static water level: mo./day/yr.
80 ft. below land surface Date 2-4-80

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter ___ Inches above grade

15. Well grouted? yes
With: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes ___ No

17. Pump: X 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

18. Elevation:

Topography:
__ Hill
X Slope
__ Upland
__ 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.
Business name Myers water well License No.
Address Ft Bend Ks 143
Signed A Myers Date 2-4-78
Authorized representative

T 31 R 9 E/W Sec 16 1/4 NE 1/4 NW 1/4 NW 1/4

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

Form WWC-5