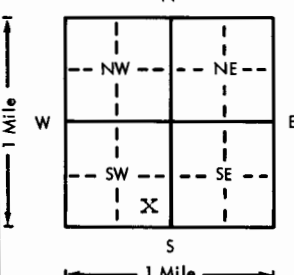


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

CWW Inv. #13366

|  |                         |                                    |   |                                  |                                 |
|--|-------------------------|------------------------------------|---|----------------------------------|---------------------------------|
| 1. Location of well:   | County<br><b>Seward</b> | Fraction<br><b>1/4-SE/4 SW 1/4</b> | Section number<br><b>15</b>   | Township number<br><b>T 32 S</b> | Range number<br><b>R 33 E/W</b> |
| 2. Distance and direction from nearest town or city: <b>Go North of Liberal to Satanta Cutoff-then 6mi. NE to loc.</b>   |                         |                                    | 3. Owner of well: <b>Service Drilling Company</b><br>R.R. or street: <b>Box 910</b><br>City, state, zip code: <b>Borger, Texas 79007</b>  |                                  |                                 |
| 4. Locate with "X" in section below:<br>Sketch map:<br>  |                         |                                    | 6. Bore hole dia. <u>9</u> in. Completion date <u>4/16</u><br>Well depth <u>220</u> ft.   |                                  |                                 |
| 5. Type and color of material  |                         |                                    | 7. <input checked="" type="checkbox"/> Cable tool Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other |                                  |                                 |
|  |                         |                                    | 9. Casing: Material _____ Height: Above or below<br>Threaded _____ Welded _____ Surface <u>28</u> in.<br>RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2.78</u> lbs./ft.<br>Dia. <u>5</u> in. to <u>160</u> ft. depth Wall Thickness: inches or<br>Dia. <u>5</u> in. to <u>220</u> ft. depth gage No. <u>265</u>                                    |                                  |                                 |
|  |                         |                                    | 10. Screen: Manufacturer's name _____<br><u>Sawed perf.</u><br>Type <u>PVC</u> Dia. <u>5"</u><br>Slot/gauze _____ Length <u>50'</u><br>Set between <u>160</u> ft. and <u>215</u> ft.<br>_____ ft. and _____ ft.<br>Gravel pack <input checked="" type="checkbox"/> yes Size range of material <u>1/8-3/16</u>   |                                  |                                 |
|  |                         |                                    | 11. Static water level: _____ mo./day/yr.<br><u>102</u> ft. below land surface Date <u>4/16/77</u>  |                                  |                                 |
| 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <u>50</u> g.p.m.   |                         |                                    |   |                                  |                                 |
| 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____  |                         |                                    |   |                                  |                                 |
| 14. Well head completion:<br>_____ Pitless adapter <u>28</u> inches above grade  |                         |                                    |   |                                  |                                 |
| 15. Well grouted? <u>yes</u><br>With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____<br>Depth: From <u>0</u> ft. to <u>10</u> ft.  |                         |                                    |   |                                  |                                 |
| 16. Nearest source of possible contamination:<br>ft. <u>100</u> Direction <u>NE</u> Type <u>oil well</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                         |                                    |   |                                  |                                 |
| 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                         |                                    |   |                                  |                                 |
| (Use a second sheet if needed)   |                         |                                    |   |                                  |                                 |
| 18. Elevation:<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley  | 19. Remarks:            |                                    | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Carlile Water Well's 118</u><br>Business name License No. _____<br>Address <u>Box 275, Liberal, KS</u><br>Signed <u>Edward E. Means</u> Date <u>4/7</u><br>Authorized representative              |                                  |                                 |

T 32 S  
 R 33 E  
 Sec 15  
 CSESU  
 1/4 1/4 1/4

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

Form WWC-5