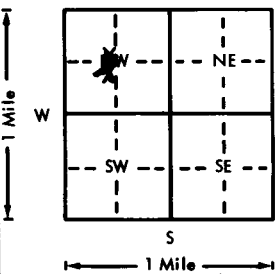


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

1. Location of well:		County <b>Meade</b>	Fraction <b>SW NW</b> <b>NE 1/4 SW 1/4 NE 1/4</b>	Section number <b>32</b>	Township number <b>T 33 S R 29 E</b>	Range number <b>29 E</b>
2. Distance and direction from nearest town or city: <b>6S, 2E, 2S, 1E</b> Street address of well location if in city: <b>1/2S of Blains, Ks.</b>				3. Owner of well: <b>Gail Reiss</b> R.R. or street: <b>3117 Cheyene</b> City, state, zip code: <b>Woodward, Okla.</b>		
4. Locate with "X" in section below: 				Sketch map: 6. Bore hole dia. <b>28</b> in. Completion date <b>4/30/77</b> Well depth <b>445</b> ft.		
5. Type and color of material				7. <input checked="" 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 type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
From To				9. Casing: Material <b>STL</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>16</b> in. to <b>445</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>219</b>		
				10. Screen: Manufacturer's name <b>Lakewood Pipe</b> Type <b>Millslot</b> Dia. <b>16</b> " Slot/gauze <b>100</b> Length <b>24-243</b> Set between <b>202</b> ft. and <b>445</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>50% #1</b> Coarse		
11. Static water level: <b>50% #1</b> Down <b>122</b> ft. below land surface Date <b>4/20/77</b>				12. Pumping level below land surfaces: <b>122</b> ft. after <b>3</b> hrs. pumping <b>1200</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>2000</b> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> " inches above grade				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>40</b> ft.		
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Cali. Western</b> Model number <input type="checkbox"/> HP <b>120</b> Volts <input type="checkbox"/> Length of drop pipe <b>260</b> ft. capacity <b>1200</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other				18. Elevation:		
				19. Remarks:  <b>50 448</b>		
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. <b>Clemens Irr. Drlg. 330</b> Business name <b>P.O. Box 499 Liberal, KS</b> License No. <input type="checkbox"/> Address <b>1010 1/2</b> Signed <b>Donna W. W...</b> Date <b>5-10-77</b> Authorized representative				21. Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		

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

Form WWC-5