

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

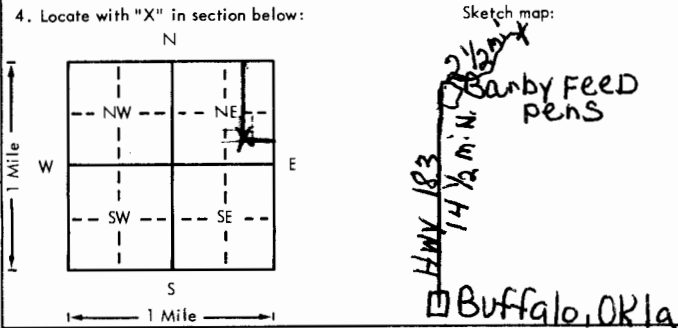
WATER WELL RECORD  
KSA 82a-1201-1215

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

Permit No T79-136

CWW 16181

Barby #1-21

1. Location of well:		County <b>Clark</b>	Fraction <b>X C-SE 1/4 NE 1/4</b>	Section number <b>21</b>	Township number <b>T 34 S R 21</b>	Range number <b>21</b>	<b>E/W</b>
2. Distance and direction from nearest town or city: <b>From Buffalo, Okla. go 1 1/2 mi N. on Hwy 183 to Barby feed pens then east and northeast 2 1/2 mi to location.</b>				Owner of well: <b>Rine Drilling Company</b> R.R. or street: <b>Box 1226</b> City, state, zip code: <b>Woodward Oklahoma 73801</b>			
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 				6. Bore hole dia. <b>9</b> in. Completion date _____ Well depth <b>120</b> ft. <b>8-23-79</b>			
5. Type and color of material				From	To	7. <input 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	
<b>Surface</b>				<b>0</b>	<b>2</b>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input 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	
<b>Fine sand</b>				<b>2</b>	<b>18</b>	9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <b>28</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.56</b> lbs./ft. Dia. <b>5</b> in. to <b>60</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>278</b>	
<b>Fine sand &amp; sandy clay</b>				<b>18</b>	<b>72</b>	10. Screen: Manufacturer's name _____ Type <b>Sawed</b> Dia. <b>5"</b> Slot/gauze <b>.030</b> Length <b>60'</b> Set between <b>60</b> ft. and <b>120</b> ft. _____ ft. and _____ ft. Gravel pack? <b>Yes</b> Size range of material <b>1/8-3/16</b>	
<b>Fine sand &amp; Medium to large sand</b>				<b>72</b>	<b>118</b>	11. Static water level: _____ mo./day/yr. <b>5</b> ft. below land surface Date <b>8-23-79</b>	
<b>Red bed</b>				<b>118</b>	<b>120</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>60</b> g.p.m.	
<b>BRock 118</b>						13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<b>5</b>						14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>28</b> Inches above grade	
<b>11 3' sat thur</b>						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>10</b> ft.	
<b>in alluvium</b>						16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>N.E.</b> Type <b>Oil well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(Use a second sheet if needed)</b>						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:		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. <b>118</b> <b>Carlile Water Well Service</b> Business name License No. _____ Address <b>Box AA Liberal, Kansas</b> Signed <b>Edward E. Means</b> Date <b>8-31</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>1070</b> <b>1167</b> <b>118</b>		<b>34 210 21</b> <b>16490</b> <b>1/4-1/4</b> <b>CSE 611E</b>			

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

Form WWC-5