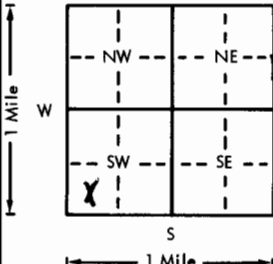
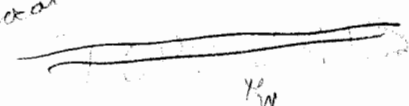


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

CWW Inv. #12865

1. Location of well:	County <b>Meade</b>	Fraction <b>1/4 SW 1/4 SW 1/4</b>	Section number <b>20</b>	Township number <b>T 34 S</b>	Range number <b>R 27 E/W</b>
2. Distance and direction from nearest town or city: <b>Go East of Meade</b> Owner of well: <b>Zenith Drilling Company</b> <b>Lk. to Jct. then 8 mi. So. to end of R.R. or street: Suite 600, 200 West Douglas</b> Street address of well location, if in city: <b>Blacktop- 2mi. Ea.- 1mi. No.- follow</b> City, state, zip code: <b>Wichita, Kansas 67202</b>					
4. Locate with "X" in section below: <b>New rd. appor. 2 1/2 Mi. Ea. to loc</b>					
			6. Bore hole dia. <b>9</b> in. Completion day <b>11/12/76</b> Well depth <b>260</b> ft.		
5. Type and color of material			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		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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		
			9. Casing: Material <input type="checkbox"/> Height: <input type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>28</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.78</b> lbs./ft. Dia. <b>5</b> in. to <b>150</b> ft. depth Wall Thickness: inches or Dia. <b>5</b> in. to <b>260</b> ft. depth gage No. <b>265</b>		
			10. Screen: Manufacturer's name <b>Saved Perf.</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>.030</b> Length <b>100'</b> Set between <b>150</b> ft. and <b>250</b> ft. Gravel pack <input checked="" type="checkbox"/> Size range of material <b>1/8-3/16</b>		
			11. Static water level: <b>120</b> ft. below land surface Date <b>11/12/76</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. 13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____ 14. Well head completion: ____ Pitless adapter <b>28</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>10</b> ft. 16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>NE</b> Type <b>oil well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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		
(Use a second sheet if needed)					
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>not good location</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>Carlile Water Well's 118</b> Business name <b>Box 275, Liberal, KS</b> License No. ____ Address <b>Edward E. Meana</b> Date <b>11/30/76</b> Signed <b>Edward E. Meana</b> Authorized representative		

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

Form WWC-5