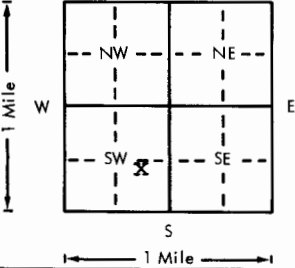


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

Permit #T78-113  
Queen #1

1. Location of well:	County <b>Seward</b>	Fraction <b>NE 1/4 SE 1/4 SW 1/4</b>	Section number <b>25</b>	Township number <b>T 34 S</b>	Range number <b>R 32 W E/W</b>
2. Distance and direction from nearest town or city: <b>8 East, 1 North, and 1/2 East of Liberal, Ks.</b>			3. Owner of well: <b>Xplor Drilling Company</b> R.R. or street: <b>453 So. Webb Rd. Box 18611</b> City, state, zip code: <b>Wichita, Kansas 67200</b>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>320</u> ft. <u>6/22/78</u>		
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 type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <u>PVC</u> Height: Above or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>14</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2.8</u> lbs./ft. Dia. <u>3.5</u> in. to <u>240</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>258</u>		
			10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauge <u>1/16"</u> Length <u>80'</u> Set between <u>240</u> ft. and <u>320</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/8"</u>		
			11. Static water level: _____ mo./day/yr. <u>198</u> ft. below land surface Date <u>6/22/78</u>		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>70</u> g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <u>14</u> inches above grade		
			15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.		
			16. Nearest source of possible contamination: <u>NONE</u> ft. _____ Direction _____ Type _____ 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>Drilling Subcontracted to T &amp; W Water Well Service Box 816 Liberal, Kansas 67901 License No. 142</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>Friesen Windmill 252</b> Business name License No. Address <b>Meade, Kansas 67864</b> Signed <i>[Signature]</i> Date <b>6-30-78</b> Authorized representative		

T 34  
 R 32  
 E  
 Sec  
 1/4 1/4 1/4  
 NE SE SW

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

Form WWC-5