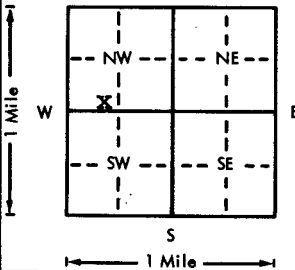


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Russell</b>	Fraction <b>1/4 SW 1/4 NW 1/4</b>	Section number <b>36</b>	Township number <b>T 12 S R 13</b>	Range number <b>EW</b>
2. Distance and direction from nearest town or city: <b>11 1/2 mi. Northeast of Russell, KS</b> Street address of well location if in city:			3. Owner of well: <b>James Romine</b> R.R. or street: <b>Route 1</b> City, state, zip code: <b>Great Bend, KS 67530</b>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <b>9</b> in. Completion date <b>5-4-76</b> Well depth <b>102</b> ft.
Top soil			0	3	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
Brown & gray clay			3	39	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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Sand & gravel			39	48	9. Casing: Material <b>Styrene</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 <b>30.3</b> lbs./ft. Dia. <b>5</b> in. to <b>43</b> ft. depth Wall Thickness: inches or Dia. <b>5</b> in. to <b>83</b> ft. depth gage No. <b>7 ga.</b>
Dakota clay			48	75	10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b>
Sandstone			75	102	Type <b>Styrene 200</b> Dia. <b>5"</b> Slot gauge <b>1/8</b> Length <b>24'</b> Set between <b>43</b> ft. and <b>48</b> ft. <b>83</b> ft. and <b>102</b> ft. Gravel pack? <b>Yes</b> Size range of material <b>3/8-200</b>
					11. Static water level: mo./day/yr. <b>41</b> ft. below land surface Date <b>5-4-76</b>
					12. Pumping level below land surfaces: <b>N/C</b> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.
					13. Water sample submitted: mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> <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>10</b> ft.
					16. Nearest source of possible contamination: <b>NONE KNOWN</b> 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:	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>Clarke Well &amp; Eq., Inc.</b> <b>185</b> Business name License No. Address <b>Great Bend, KS</b> Signed <b>E.W. Clark</b> Date <b>5-20-76</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T  
R  
Sec  
12  
130  
36  
SW  
1/4  
1/4  
7/9/4

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

Form WWC-5