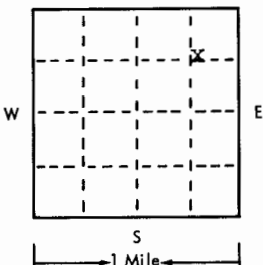


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Gove</b>	Township name	Fraction <b>SW NE NE</b>	Section number <b>3</b>	Town number <b>13</b>	Range number <b>29</b> <i>W 04</i>																														
Distance and direction from nearest town or city: <b>3 1/2 west of Gove</b>				3 Owner of well: <b>Richard Roemer</b> Address: <b>Grainfield, Ks. 67737</b>																																
Street address of well location if in city:																																				
Locate with "X" in section below: <div style="text-align: center;">N  W E S 1 Mile</div>				Sketch map:																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> <tr> <td>clay and silt</td> <td>0</td> <td>20</td> </tr> <tr> <td>clay</td> <td>20</td> <td>30</td> </tr> <tr> <td>sand</td> <td>30</td> <td>38</td> </tr> <tr> <td>shale</td> <td>38</td> <td></td> </tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> </table>				2 Type and color of material	From	To	clay and silt	0	20	clay	20	30	sand	30	38	shale	38																	4 Well depth: <b>38</b> ft. Date of completion <b>10/31/77</b> Well diameter <b>8</b> in.		
				2 Type and color of material	From	To																														
				clay and silt	0	20																														
				clay	20	30																														
				sand	30	38																														
				shale	38																															
5 <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																																				
6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well																																				
7 Casing: Material <b>pvc</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. to <b>38</b> ft. depth Weight <b> </b> lbs./ft. <b>5</b> in. to <b> </b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No																																				
8 Screen: Manufacturer <b>Peerless Plastics</b> Type <b>pvc</b> Dia. <b>5 in.</b> Slot/gauze <b>1/16</b> Length <b>10 ft.</b> Set between <b>28</b> ft. and <b>38</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1</b>																																				
9 Static water level: <b>26</b> ft. below land surface Date <b>10/31/77</b>																																				
10 Pumping level below land surfaces: <b> </b> ft. after <b> </b> hrs. pumping <b> </b> g.p.m. <b> </b> ft. after <b> </b> hrs. pumping <b> </b> g.p.m. Estimated maximum yield <b> </b> g.p.m.																																				
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b> </b>																																				
12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade																																				
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <b>clay</b> Depth: From <b>0</b> ft. to <b>5</b> ft.																																				
14 Nearest source of possible contamination: ft. <b> </b> Direction <b> </b> Type <b> </b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																				
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <b> </b> Model number <b> </b> HP <b> </b> Volts <b> </b> Length of drop pipe <b> </b> ft. capacity <b> </b> g.m.p. 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																																				
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				17 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>Aqua Well Drilling 281</b> Business name <b>Gove, Ks. 67736</b> License No. <b> </b> Address <b> </b> Signed <b>J. M. Little</b> Date <b>11-77</b> Authorized representative																																

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5