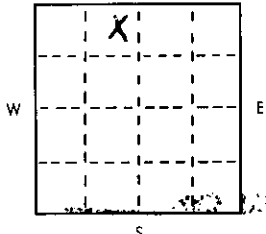
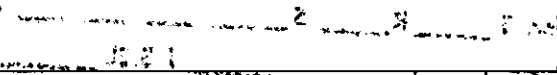


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Rush</u>	Township name	Fraction <u>NE NW</u>	Section number <u>33</u>	Town number <u>18 S</u>	Range number <u>16 W</u>
Distance and direction from nearest town or city: <u>1 1/4 S 3/4 W</u>				3 Owner of well: <u>ELMER ROTH</u>		
Street address of well location if in city: <u>Shafter, KS</u>				Address: <u>3004 16th Great Bend, KS</u>		
Locate with "X" in section below: <div style="text-align: center;">  </div>				Sketch map: 		
2				4 Well depth: <u>162</u> ft. Date of completion <u>6-5-75</u> Well diameter <u>7</u> in.		
Type and color of material <u>Top Soil - Clay</u> From <u>0</u> To <u>140</u> <u>Sand Rock</u> From <u>140</u> To <u>162</u>				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 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 <input checked="" type="checkbox"/> <u>LIVE STOCK</u>		
				7 Casing: Material <u>PVC</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>4</u> in. to <u>162</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				8 Screens: Manufacturer <u>MPI</u> Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>1/4"</u> Length <u>20'</u> Set between <u>142</u> ft. and <u>162</u> ft. Fittings: <u>1/8-3/4</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material		
				9 Static water level: <u>120</u> ft. below land surface Date <u>6-5-75</u>		
				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>7</u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <u>12</u> inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.		
				14 Nearest source of possible contamination: <u>NO NR</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Goulds</u> Model number <u>10 EH</u> HP <u>1/2</u> Volts <u>220</u> Length of drop pipe <u>155</u> ft. capacity <u>2</u> g.m.p. Type: <input checked="" 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 <u>7075</u>				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. <u>Kelly's Water Well Serv</u> 186 Business name <u>R 2 Great Bend KS</u> License No. _____ Address <u>Kelly's</u> Date <u>6-20-75</u> Signed <u>Kelly's</u> Authorized representative		

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

Form WWC-5