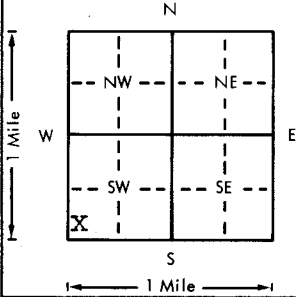


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Pawnee	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 22	Township number T 20 S R 16W E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: 7n Larned, Ks.			3. Owner of well: John Seltman R.R. or street: R1 Larned, Ks. City, state, zip code:			
4. Locate with "X" in section below: 			Sketch map:			
5. Type and color of material			From	To	6. Bore hole dia. 8 in. Completion date 10-6-77 Well depth 92 ft.	
					7. <input checked="" 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 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
					9. Casing: Material <input type="checkbox"/> Height: Above XXXX Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 92 ft. depth Wall thickness sch 40 Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <input type="checkbox"/>	
					10. Screen: Manufacturer's name Jetstream Type pvc Dia. 5" Slot/gauze 1/32" Length 20' Set between 72 ft. and 92 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-3/4"	
					11. Static water level: <input type="checkbox"/> mo./day/yr. 50 ft. below land surface Date 10-6-77	
					12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 20 g.p.m.	
					13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
					14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 4 ft. to 14 ft.	
					16. Nearest source of possible contamination: ft. 60 Direction N Type sewer Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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	
					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. Kellys Waterwell Ser 186 Business name R2 Great Bend, Ks. License No. <input type="checkbox"/> Address <input type="checkbox"/> Signed Kelly Price Date 8-6-77 Authorized representative	
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		(Use a second sheet if needed)				

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

Form WWC-5