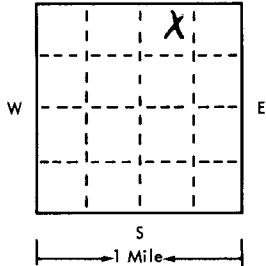


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Pawnee</b>	Township name	Fraction <b>NW 1/4 E</b>	Section number <b>27</b>	Town number <b>205</b>	Range number <b>17 N</b>		
Distance and direction from nearest town or city: <b>4 W. 7 N. 3/4 W</b>			3 Owner of well: <b>ED Rabenseifner</b>					
Street address of well location if in city: <b>Larned, KS</b>			Address: <b>R 3 Larned, KS</b>					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>65</b> ft. Date of completion <b>8-14-75</b> Well diameter <b>8</b> in.		
2 Type and color of material			From	To	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			
			Top Soil - Clay		0	40	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 <input type="checkbox"/>	
			Clay, sand, broken sand rock		40	65	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>65</b> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>5</b> in. to <b>65</b> ft. depth!	
							8 Screen: Manufacturer <b>MPI</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>1/8"</b> Length <b>15"</b> Set between <b>50</b> ft. and <b>65</b> ft. Fittings: <b>1/8 - 3/4"</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material	
							9 Static water level: <b>30</b> ft. below land surface Date <b>8-14-75</b>	
							10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>15</b> 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"/> <b>12"</b> 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 <b>0</b> ft. to <b>10</b> ft.	
							14 Nearest source of possible contamination: <b>SEPTIC TANK</b> ft. <b>60</b> Direction <b>W</b> Type <b>TANK</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(use a second sheet if needed)					15 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			
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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>Kelly's Water Well Serv 184</b> Business name <b>R 2 Great Bend KS</b> License No. Address <b>Kelly Price</b> Date <b>8-15-75</b> Signed <b>Kelly Price</b> Authorized representative					

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

Form WWC-5