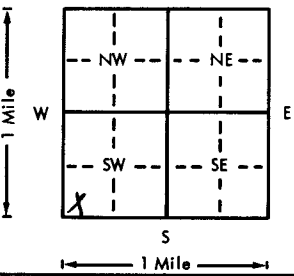


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Dounele</u> Fraction <u>SW 1/4 SW 1/4 SW 1/4</u> Section number <u>32</u> Township number <u>T 20 S R 19</u> Range number <u>E/W</u>			
2. Distance and direction from nearest town or city: <u>5 N - 2 1/2 W of Rozel, Mo.</u> Street address of well location if in city:		3. Owner of well: <u>Frank Sprier</u> R.R. or street: <u>RFD</u> City, state, zip code: <u>Rozel, Mo 67574</u>	
4. Locate with "X" in section below: Sketch map: 		6. Bore hole dia. <u>11</u> in. Completion date <u>8-17-77</u> Well depth <u>60</u> ft.	
5. Type and color of material		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	
From To		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	
<u>Top soil</u> 0 3		9. Casing: Material <u>pvc</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>4 1/2</u> in. to <u>60</u> ft. depth Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>1237</u>	
<u>Brown clay</u> 3 15		10. Screen: Manufacturer's name <u>Certain Tech</u> Type <u>pvc</u> Dia. <u>4 1/2</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>40</u> ft. and <u>60</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4-3/8 1/2</u>	
<u>Sand</u> 15 17		11. Static water level: <u>22</u> ft. below land surface Date <u>8-17-77</u> mo./day/yr.	
<u>Sandy clay</u> 17 25		12. Pumping level below land surfaces: <u>30</u> ft. after <u>1</u> hrs. pumping <u>12</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>15</u> g.p.m.	
<u>Hard clay</u> 25 32		13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>8-17-77</u> mo./day/yr.	
<u>Soft sandy clay</u> 32 58		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> inches above grade	
<u>shale</u> 58 60		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
(Use a second sheet if needed)		16. Nearest source of possible contamination: ft. <u>10</u> Direction <u>SW</u> Type <u>septic tank</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>Red Rabbit</u> Model number <u>1231</u> HP <u>1/4</u> Volts <u>230</u> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. 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	
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. <u>Reservoir - Dennis 13</u> Business name <u>Great Bend, Mo</u> License No. <u>13</u> Address <u>13</u> Signed <u>Dennis</u> Date <u>8-17-77</u> Authorized representative	

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

Form WWC-5