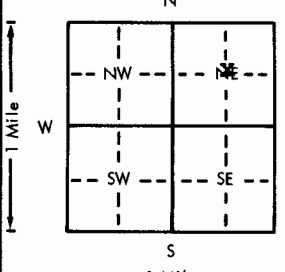


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Stafford</b>	Fraction 1/4    1/4 CNE 1/4	Section number <b>3</b>	Township number T <b>21</b> S	Range number R <b>12</b> <span style="float:right;">EW</span>
2. Distance and direction from nearest town or city: <b>12 1/2 miles Northeast of Hudson</b> Street address of well location if in city:			3. Owner of well: <b>Walter Rugan</b> R.R. or street: <b>Route 2</b> City, state, zip code: <b>Ellinwood, KS 67526</b>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>24</u> in. Completion date <u>5-19-76</u> Well depth <u>130</u> ft.		
5. Type and color of material			7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 <u>steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>24</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth gage No. <u>7 ga.</u>		
			10. Screen: Manufacturer's name <u>Hoerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> Slot gauge <u>1/8</u> Length <u>70"</u> Set between <u>60</u> ft. and <u>130</u> ft. ft. and <u>   </u> ft. Gravel pack? <u>yes</u> Size range of material: <u>3/8-200</u>		
			11. Static water level: <u>32'6"</u> mo./day/yr. ft. below land surface Date <u>3-9-76</u>		
			12. Pumping level below land surfaces: <u>n/c</u> <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>   </u> g.p.m.		
			13. Water sample submitted: <u>   </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>   </u>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
			15. Well grouted? <u>yes</u> 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.		
			16. Nearest source of possible contamination: <u>NONE KNOWN</u> ft. <u>   </u> Direction <u>   </u> Type <u>   </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>FMC--Peerless</u> Model number <u>12MB-4</u> HP <u>60</u> Volts <u>460</u> Length of drop pipe <u>70</u> ft. capacity <u>900</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
			(Use a second sheet if needed)		
18. Elevation:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					
		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>Clarke Well &amp; Eq. Inc.</u> 185 Business name License No. Address <u>Great Bend, KS 67530</u> Signed <u>D.W. Clark</u> Date <u>6-1-76</u> Authorized representative			

21-120-3-1/4 CNE

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

Form WWC-5