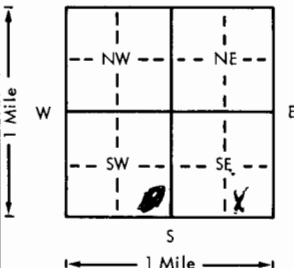


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 STAFFORD	Fraction SW 1/4 SE 1/4 SE 1/4	Section number 2	Township number T 21	Range number S R 14	EW	
2. Distance and direction from nearest town or city: 56 hwy SOUTH TO STAFFORD Co Line Street address of well location if in city: 2 1/2 EAST / SOUTH EASTSIDE		3. Owner of well: Huskey Dalg.		R.R. or street: 860 Burtway Bldg.				City, state, zip code: GREAT BEND NEBRASKA KS
4. Locate with "X" in section below: 		Sketch map:		6. Bore hole dia. 9 in. Completion date 12-27-73 Well depth 60 ft.				
5. Type and color of material		From	To	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				
				8. 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"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other				
				<input checked="" type="checkbox"/> Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 278-3 lbs./ft. Dia. 5 in. to 60 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. 200, 265				
				10. Screen: Manufacturer's name _____ Perless Type Saw Dia. 5 Slot/gauze 1/8 Length 20 Set between 60 ft. and 40 ft. _____ ft. and _____ ft. Gravel pack? yes Size range of material 1/4-1/8				
				11. Static water level: _____ mo./day/yr. 20 ft. below land surface Date 12-27-73				
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.				
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____				
				14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade				
				15. Well grouted? yes With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From 0 ft. to 10 ft.				
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type None Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
				17. 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				
				(Use a second sheet if needed)				
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. Myers Water Well 143 Business name License No. Address GREAT BEND Signed Dale D. Rosendahl Date 12-27-73 Authorized representative				

T 21 R 14 S R 14 SW SE SE

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

Form WWC-5