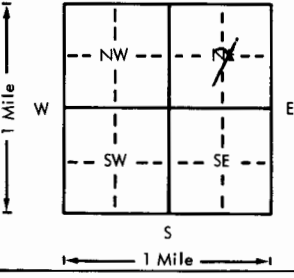


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>1/4 1/4 1/4</b>	Section number <b>56</b>	Township number <b>T 21 S</b>	Range number <b>R 14 E/W</b>
2. Distance and direction from nearest town or city: <b>5 1/2 N of</b> Street address of well location if in city: <b>Radium</b>				3. Owner of well: R.R. or street: <b>Chisholm, Schartz, Neideree</b> City, state, zip code: <b>Rt. 2 Great Bend, Ks. 67530</b>		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <b>29</b> in. Completion date <b>10-7-76</b> Well depth <b>135</b> ft.		
5. Type and color of material				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 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 <b>steel</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>16</b> in. to <b>135</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>7</b>		
				10. Screen: Manufacturer's name <b>Doerrs</b> Type <b>steel</b> Dia. <b>16</b> Slot/gauge <b>3/16</b> Length <b>60</b> Set between <b>76</b> ft. and <b>135</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 3/4 3/8</b>		
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>12</b> ft. below land surface Date <b>7-7-76</b>		
				12. Pumping level below land surfaces: <b>14</b> ft. after <b>1</b> hrs. pumping <b>700</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>800</b> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>7-7-76</b>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: <del>SW</del> Direction <b>NW</b> Type <b>Corral</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Western Land Roller</b> Model number <b>5 DH 10 HP 50</b> 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 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. <b>Rosencrantz-Bemis</b> <b>134</b> Business name License No. Address <b>Great Bend, Ks.</b> Signed <b>Freda Dawson</b> Date <b>1/4/77</b> Authorized representative	

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NE

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

Form WWC-5