| 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

| 3 1   | County      | Township name                           | Fraction Sect |    | Section   | Section number |   | Town number                                    | Range number                                  | 1       |  |
|---|-------------|---|---------------|----|---|----------------|---|--|---|---------|--|
| 1 Location of well                                    | Pawnee      | Larned                                  | SW of         | SW | 34  |                |   | T21S   | R16W  |         |  |
| Distonce and direction from nearest town or city:     |             |   |               |    |   |                |   |  |   |         |  |
| Street address of well location if in city.           |             |   |               |    |   |                | rry Carr  |  |   |         |  |
| Locate with "X" in section below: Sketch map:         |             |   |               | L  | Larned, Kansas  4 Well depth: 56 ft. Date of completion |                |   |  |   | 175     |  |
| N Sketch map:   |             |   |               |    |   |                | Well diameter 24 in.  |  |   |         |  |
|   |             |   |               |    |   |                | 5 Cable tool Rotary Driven Dug  |  |   |         |  |
|   | 1 1 1       |   |               |    |   |                | ☐ Hollow rod ☐ Jetted ☐ Bored ☒ Reverse rotary  |  |   |         |  |
| w      E  |             |   |               |    |   |                | 6 Use: Domestic Public supply Industry    Domestic Public supply Commerce   Air conditioning Commerce |  |   |         |  |
|   |             |   |               |    |   |                | Test well   |  |   |         |  |
| 3   |             |   |               |    |   |                | 7 Casing: Materia Teel Height: above below Threaded Welded XI Surface 12 in.                          |  |   |         |  |
| s   |             |   |               |    |   |                | Diam.   Weight 30.3bs./ft.   16 in. to 20 ft. depth   Drive shoe?   Yes   No                          |  |   |         |  |
| 2   | Mile -      |   |               |    |   | <u> </u>       |   | ⊇in.to ∠ULft.depth¦Dr<br>_in.toft.depth!       | ive shoe? Yes Y No                            |         |  |
|   | Тур         | e and color of moterial                 |               |    | From  | То             | 8 Scre  | en:  |   | 1       |  |
| Top soil  | & gray clay |   |               |    | 0   | 5              |   | oufacturer <u>Doerr</u><br>Double-slot Di      | 16"   |         |  |
|   |             |   |               |    |   |                | (5)   | ygauze 1/8 Ler<br>between 20 ft. and 5         | ngth 36 t                                     |         |  |
| Sand & gr   | aver        | *************************************** |               |    | 5   | 55             | Set<br>Fitt   | between <u>4U</u> ft. and 5<br>inas:           | <u>,p                                    </u> | 200     |  |
| Dakota clay   |             |   |               |    | 55  | 56             | Gra   | ings:<br>vel pack 🔀 Yes 🗌 No S                 | ize range of material                         | 200     |  |
|   |             |   |               |    |   |                | y stat  | ic water level:ft. below land surface          |   |         |  |
|   |             |   |               |    |   |                |   | ping level below land surfa                    |   | -       |  |
|   |             |   |               |    |   |                |   | ft. after hrs.                                 | pumping g.p.m.                                |         |  |
|   |             |   |               |    |   |                | i   | ft. after hrs.<br>nated maximum yield          |   |         |  |
|   |             |   |               |    |   |                |   | er sample submitted:                           |   |         |  |
|   |             |   |               |    |   |                | 12 Well   | 'es X No Date I head completion:               |   | $\cdot$ |  |
|   |             |   |               |    |   |                | Pitless adapter 12 Inches above grade   |  |   |         |  |
|   |             |   |               |    |   |                | 13 Well grouted? 🔀 Yes 🔲 No   |  |   |         |  |
|   |             |   |               |    |   |                | Neat cement Bentonite Depth: From Off. to 10 ft.  |  |   |         |  |
|   |             |   |               |    |   |                |   | NONE KNOWN cont                                |   | 1       |  |
|   |             |   | -             |    |   |                | ft<br>Wel   | Direction — I disinfected upon completi        | on? Yes X No                                  |         |  |
| -   |             |   |               |    |   |                | 15 Pump   | ): X   | Not installed                                 |         |  |
|   |             |   |               |    |   |                |   | ufacturer's name HP                            | Volts   |         |  |
| ,               |             |   |               |    |   |                | Leng  | th of drop pipe ft.                            |   |         |  |
|   |             |   |               |    |   |                | Type  |  | ] Turbine                                     |         |  |
|   | (           | d about ifdad/                          |               |    |   |                |   | <u>-</u>                                       | Reciprocating                                 |         |  |
| (use a second sheet if needed)  16 Remarks: elevation |             |   |               |    |   |                |   | Certrifugal er well contractor's certific      | Other   |         |  |
|   |             |   |               |    |   |                | This  | well was drilled under my                      | jurisdiction and this                         |         |  |
| Topography:   |             |   |               |    |   |                |   | rt is true to the best of my<br>E. Well & Eq., | -   |         |  |
|   |             |   |               |    |   |                | Busin   | ess name                                       | License No.                                   |         |  |
|   |             |   |               |    |   |                | Addı<br>Sign  | ed UV  | Dare 5-21-                                    | 75      |  |
| Valley  |             |   |               |    |   |                |   | Authorized representative                      |   |         |  |

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

Form WWC-5