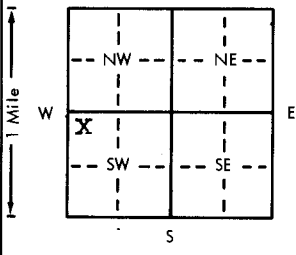


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Pawnee</b>	Fraction <b>nw 1/4 nw 1/4 SW 1/4</b>	Section number <b>34</b>	Township number <b>T 21 S</b>	Range number <b>R 16W E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>Larned, Ks.</b>			3. Owner of well: <b>Leonard Fleske</b> R.R. or street: <b>R1 Larned, Ks.</b> City, state, zip code:		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>30</b> in. Completion date <b>12-20-77</b> Well depth <b>45</b> 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 <b>steel</b> Height: Above <b>XXXX</b> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>30</b> lbs./ft. Dia. <b>16</b> in. to <b>45</b> ft. depth Wall Thickness <b>inches</b> or Dia. <b>in.</b> to <b>ft.</b> depth gage No. <b>3/16"</b>		
			10. Screen: Manufacturer's name <b>Doerr</b> Type <b>steel</b> Dia. <b>16"</b> Slot/gauze <b>1/8"</b> Length <b>16'</b> Set between <b>29</b> ft. and <b>45</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4-3/4"</b>		
			11. Static water level: <b>10</b> ft. below land surface Date <b>12-20-77</b>		
(Use a second sheet if needed)			12. Pumping level below land surfaces: <b>30</b> ft. after <b>4</b> hrs. pumping <b>900</b> g.p.m. <b>ft.</b> after <b>hrs.</b> pumping <b>g.p.m.</b> Estimated maximum yield <b>900</b> g.p.m.		
			13. Water sample submitted: <b>mo./day/yr.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>9-6-77</b>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" 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: <b>oil</b> ft. <b>1300</b> Direction <b>e</b> Type <b>well</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			17. Pump: Not installed Manufacturer's name <b>Goulds</b> Model number <b>#121</b> HP <b>15</b> Volts <b>460</b> Length of drop pipe <b>40</b> ft. capacity <b>900</b> 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		
			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>Kellys Waterwell Ser 186</b> Business name <b>R2 Great Bend, Ks.</b> License No. Address <b>Kelly Price</b> Signed <b>Kelly Price</b> Date <b>8-20-</b> Authorized representative		
			19. Remarks:		
			21. <b>21 16 34 NW Sec 1/4 1/4 1/4</b>		
			22. <b>22 16 34 NW Sec 1/4 1/4 1/4</b>		

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

Form WWC-5