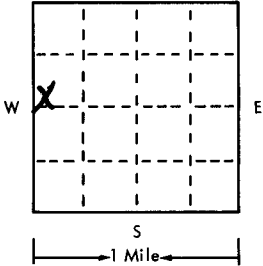


USE TYPEWRITER OR BALL  
POINT PEN—PRESS FIRMLY,  
PRINT CLEARLY.

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

|  |                         |               |  |                             |  |   |  |  |
|--|-------------------------|---------------|--|-----------------------------|--|---|--|--|
| 1 Location of well:  | County<br><b>Pawnee</b> | Township name | Fraction<br><b>SW NW</b>   | Section number<br><b>17</b> | Town number<br><b>215</b>  | Range number<br><b>18N</b>  |  |  |
| Distance and direction from nearest town or city: <b>3 1/2 N. 1W</b>   |                         |               | 3 Owner of well: <b>RON BRYANT</b>   |                             |  |   |  |  |
| Street address of well location if in city: <b>Sanford, KS</b>   |                         |               | Address: <b>Rozel, Kan.</b>  |                             |  |   |  |  |
| Locate with "X" in section below:<br> |                         |               | Sketch map:  |                             |  | 4 Well depth: <b>105</b> ft. Date of completion <b>7-24-75</b><br>Well diameter <b>30</b> in. |  |  |
| 2 Type and color of material   |                         |               | From   | To                          | 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary  |   |  |  |
|  |                         |               | Top Soil - Clay  |                             | 0  | 74  | 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input type="checkbox"/>         |  |
|  |                         |               | Sand - Gravel  |                             | 74   | 105   | 7 Casing: Material <b>IRON</b> Height: <b>60</b> in.<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>60</b> in.<br>Diam. <b>16</b> in. to <b>75</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>_____ in. to _____ ft. depth |  |
|  |                         |               |  |                             |  |   | 8 Screen:<br>Manufacturer <b>Doerr's</b><br>Type <b>IRON</b> Dia. <b>16</b><br>Slot/gauze <b>1/8</b> Length <b>30'</b><br>Set between <b>75</b> ft. and <b>105</b> ft.<br>Fittings: <b>1/8-3/4"</b><br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____      |  |
|  |                         |               |  |                             |  |   | 9 Static water level:<br><b>25</b> ft. below land surface Date <b>7-25-75</b>  |  |
|  |                         |               |  |                             |  |   | 10 Pumping level below land surfaces:<br><b>17</b> ft. after <b>3</b> hrs. pumping <b>600</b> g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>600</b> g.p.m.   |  |
|  |                         |               |  |                             |  |   | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____   |  |
|  |                         |               |  |                             |  |   | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade <b>60</b>  |  |
|  |                         |               |  |                             |  |   | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____<br>Depth: From <b>0</b> ft. to <b>10</b> ft.   |  |
|  |                         |               |  |                             |  |   | 14 Nearest source of possible contamination: <b>NONE</b><br>ft. _____ Direction _____ Type _____<br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| (use a second sheet if needed)   |                         |               |  |                             | 15 Pump:<br>Manufacturer's name <b>Goulds</b> <input type="checkbox"/> Not installed<br>Model number <b>10560</b> HP <b>40</b> Volts _____<br>Length of drop pipe <b>100</b> ft. capacity <b>600</b> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |   |  |  |
|  |                         |               | 16 Remarks: elevation<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley   |                             |  |   |  |  |
|  |                         |               | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Kelly's Water Well Serv</b> <b>186</b><br>Business name _____ License No. _____<br>Address <b>R2 Great Bend, KS</b><br>Signed <b>Kelly Price</b> Date <b>8-18-75</b><br>Authorized representative |                             |  |   |  |  |

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

Form WWC-5