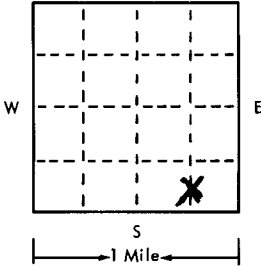


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>PAWNEE</b>	Township name	Fraction <b>S<sup>1</sup>/<sub>2</sub> SE<sup>1</sup>/<sub>4</sub></b>	Section number <b>31</b>	Town number <b>21</b>	Range number <b>18</b>		
Distance and direction from nearest town or city: Street address of well location if in city: <b>1 W. Sanford</b>				3 Owner of well: Address: <b>Alden Scharz Rozel, Kans</b>				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>145</b> ft. Date of completion <b>1-28-75</b> Well diameter <b>5</b> in.		
2 Type and color of material			From	To	5 <input type="checkbox"/> Coble 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			
					6 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"/> Commercial <input checked="" type="checkbox"/> Test well <input type="checkbox"/>			
					7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth			
			<b>Top soil + clay</b>		<b>0</b>	<b>27</b>	8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
			<b>Sand - fine</b>		<b>27</b>	<b>65</b>	9 Static water level: _____ ft. below land surface Date _____	
			<b>Clay</b>		<b>65</b>	<b>70</b>	10 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.	
			<b>Sand + Gravel</b>		<b>70</b>	<b>107</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
			<b>Sand - Gravel - Clay streaks</b>		<b>107</b>	<b>135</b>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
			<b>Sand</b>		<b>135</b>	<b>145</b>	13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <b>cuttings</b> Depth: From _____ ft. to _____ ft.	
							14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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				
16 Remarks: elevation			17 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>Kelly's Water Well Serv 186</b> Business name _____ License No. _____ Address <b>Rt 2 Great Bend</b> Signed <b>Kelly's</b> Date <b>1-28-75</b> Authorized representative					

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

Form WWC-5