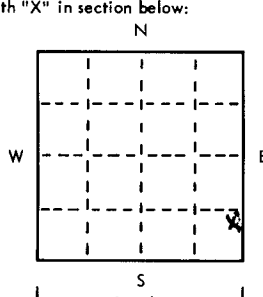


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Pawnee	Township name	Fraction NESESE	Section number 31	Town number 215	Range number 18W																														
Distance and direction from nearest town or city: 1 W.				3 Owner of well: Arden Scharz																																
Street address of well location if in city: Sanford, Kans				Address: R. 3 Larned, Kans																																
Locate with "X" in section below: 				Sketch map:																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Top Soil - Clay</td> <td>0</td> <td>27</td> </tr> <tr> <td>Sand</td> <td>27</td> <td>65</td> </tr> <tr> <td>Clay</td> <td>65</td> <td>70</td> </tr> <tr> <td>Sand - Gravel</td> <td>70</td> <td>107</td> </tr> <tr> <td>Sand - Gravel - Clay</td> <td>107</td> <td>135</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				2 Type and color of material	From	To	Top Soil - Clay	0	27	Sand	27	65	Clay	65	70	Sand - Gravel	70	107	Sand - Gravel - Clay	107	135													4 Well depth: 135 ft. Date of completion 4-9-75 Well diameter 30 in.		
				2 Type and color of material	From	To																														
				Top Soil - Clay	0	27																														
				Sand	27	65																														
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5 <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																																				
6 Use: <input checked="" 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 type="checkbox"/> Test well <input type="checkbox"/> _____																																				
7 Casing: Material IRON Height: above /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 24 in. Diam. _____ Weight _____ lbs./ft. _____ 16 in. to 26 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth																																				
8 Screen: Manufacturer DOCKYS Type IRON Dia. 1 1/2 " Slot/gauze 1/8 " Length 60 Set between 15 ft. and 135 ft. Fittings: 1/8 - 3/4 " Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____																																				
9 Static water level: 20 ft. below land surface Date 4-9-75																																				
10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. 70 ft. after 3 hrs. pumping 1200 g.p.m. Estimated maximum yield 1500 g.p.m.																																				
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																				
12 Well head completion: 24 " <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade																																				
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.																																				
14 Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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.p.m. 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley (use a second sheet if needed)																																				
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. Kelly's Water Well Serv 184 Business name _____ License No. _____ Address R 2 Great Bend, KS Signed Kelly Juice Date 4-12-75 Authorized representative																																				

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

Form WWC-5