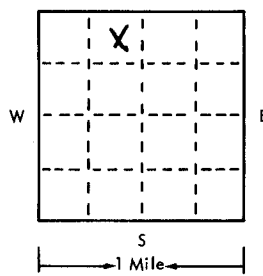


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 PAWNEE | Township name | Fraction NE. 1/4 | Section number 2 | Town number 215 | Range number 19W |
| Distance and direction from nearest town or city: 4 N. 1 1/2 E. | | | | 3 Owner of well: Howard Riederer | | |
| Street address of well location if in city: Roxel, Kan. | | | | Address: Roxel, Kan. | | |
| Locate with "X" in section below: | | Sketch map: | | 4 Well depth: 58 ft. Date of completion 3-7-75 Well diameter 8 in. | | |
| N  | | | | 5 <input type="checkbox"/> Cible 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 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 PVC ; Height: above /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 58 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 2 | | Type and color of material | | From | To | 8 Screen: Manufacturer MPI Type PVC Dia. 5 Slot/gauze 1/8" Length 10' Set between 48 ft. and 58 ft. Fittings: 1/8" - 3/4" Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____ |
| | | Top Soil - clay | | 0 | 40 | 9 Static water level: 38 ft. below land surface Date 3-7-75 |
| | | Sand - Gravel | | 40 | 58 | 10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 15 g.p.m. |
| | | | | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ |
| | | | | | | 12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade 12" |
| | | | | | | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft. |
| | | | | | | 14 Nearest source of possible contamination: None ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" 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"/> Certrifugal <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. Kelly's Water Well Serv 186 Business name _____ License No. _____ Address R 2 Great Bend Ks Signed Kelly Price Date 3-25-75 Authorized representative |
| | | | | | | (use a second sheet if needed) |

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

Form WWC-5