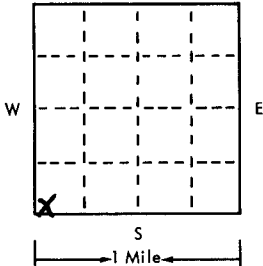


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>PAWNEE</u>	Township name	Fraction <u>SWSWSW</u>	Section number <u>20</u>	Town number <u>21S</u>	Range number <u>19W</u>
Distance and direction from nearest town or city: <u>1/2 N. 2W</u>			3 Owner of well: <u>Robert Hammeke</u>			
Street address of well location if in city: <u>Rozel, KS</u>			Address: <u>R1 Rozel, KS</u>			
Locate with "X" in section below: 			Sketch map:			4 Well depth: <u>135</u> ft. Date of completion <u>7-26-75</u> Well diameter <u>30</u> 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 <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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
					7 Casing: Material <u>IRON</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>4 1/2</u> in. to <u>25</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>4 1/2</u> in. to <u>25</u> ft. depth	
					8 Screen: Manufacturer <u>Doerr's</u> Type <u>IRON</u> Dia. <u>16"</u> Slot/gauze <u>4/8</u> Length <u>60'</u> Set between <u>75</u> ft. and <u>135</u> ft. Fittings: <u>1/8" 3/4"</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u>	
					9 Static water level: <u>40</u> ft. below land surface Date <u>7-26-75</u>	
					10 Pumping level below land surfaces: <u>74</u> ft. after <u>4</u> hrs. pumping <u>1200</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>1500</u> g.p.m.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
(use a second sheet if needed)					12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <u>12</u> inches above grade	
					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"/> <u> </u> Depth: From <u>0</u> ft. to <u>10</u> ft.	
					14 Nearest source of possible contamination: <u>NONE</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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			17 Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Kellys Water Well Serv.</u> 186 Business name <u>R 2 Great Bend, KS</u> License No. <u> </u> Address <u> </u> Signed <u>Kelly Anie</u> Date <u>8-16-75</u> Authorized representative			

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

Form WWC-5