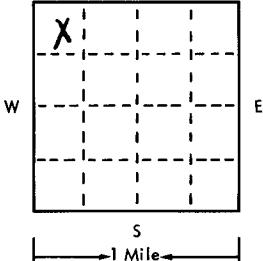


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NW NW	Section number 34	Town number 21S	Range number 19W																																							
Distance and direction from nearest town or city: 1/2 S			3 Owner of well: JACK E. MOORE																																										
Street address of well location if in city: Rozel, Ks.			Address: Rozel, Ks.																																										
Locate with "X" in section below: 			Sketch map:			4 Well depth: 130 ft. Date of completion 8-21-75 Well diameter 8 1/2 in.																																							
<table border="1"><thead><tr><th>2</th><th>Type and color of material</th><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td>Top Soil - Clay</td><td>0</td><td>30</td></tr><tr><td></td><td>Sand</td><td>30</td><td>40</td></tr><tr><td></td><td>Clay</td><td>40</td><td>70</td></tr><tr><td></td><td>Sand + Gravel</td><td>70</td><td>80</td></tr><tr><td></td><td>Clay</td><td>80</td><td>85</td></tr><tr><td></td><td>Sand - Gravel</td><td>85</td><td>130</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>			2	Type and color of material	From	To		Top Soil - Clay	0	30		Sand	30	40		Clay	40	70		Sand + Gravel	70	80		Clay	80	85		Sand - Gravel	85	130													5 <input type="checkbox"/> Cable 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		
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				Top Soil - Clay	0	30																																							
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				Clay	80	85																																							
				Sand - Gravel	85	130																																							
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 130 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth																																													
8 Screen: Manufacturer MPI Type PVC Dia. 5" Slot/gauze 1/8" Length 30 Set between 100 ft. and 130 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: 37 ft. below land surface Date 8-21-75																																													
10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 250 g.p.m.																																													
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																													
12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 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"/> _____ Depth: From 4 ft. to 14 ft.																																													
14 Nearest source of possible contamination: ft. 80 Direction N Type SEPTIC TANK Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																													
15 Pump: Not installed <input type="checkbox"/> Manufacturer's name Goulds Model number 2556 HP 1 Volts 230 Length of drop pipe 80 ft. capacity 25 g.p.m. Type: <input checked="" 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																																													
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 Ser: 186 Business name R 2 Great Bend, Ks License No. _____ Address Kelly's Well Signed Kelly's Well Date 8-25-75 Authorized representative																																													

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

Form WWC-5