

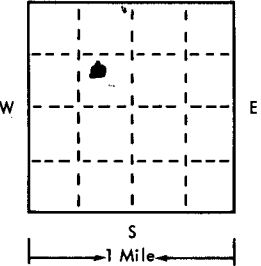
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

Blackwell #1

1 Location of well:	County <i>Pawnee</i>	Township name	Fraction <i>NE SE NW</i>	Section number <i>2</i>	Town number <i>22 S</i>	Range number <i>15 W</i>
Distance and direction from nearest town or city: <i>2 1/2 West of Radium</i>				3 Owner of well: <i>Duke Drilling Co</i> Address: <i>Great Bend KS</i>		
Locate with "X" in section below: N  W E S 1 Mile				4 Well depth: <i>60</i> ft. Date of completion <i>8-5-75</i> Well diameter: <i>2</i> in.		
2 Type and color of material				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		
				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 type="checkbox"/> Test well <input checked="" type="checkbox"/> <i>oilfield sup.</i>		
				7 Casing: Material <i>PVC</i> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. <i>2</i> in. to <i>60</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No Weight <i>42</i> lbs./ft. <i>100</i>		
				8 Screen: Manufacturer <i>Jet Stream</i> Type <i>PVC</i> Dia. <i>2</i> Slot/gauge <i>5</i> Length <i>10</i> Set between <i>60</i> ft. and <i>60</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>5-1</i>		
				9 Static water level: <i>14</i> ft. below land surface Date <i>8-5-75</i>		
(use a second sheet if needed)				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.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> ____ Depth: From <i>0</i> ft. to <i>10</i> ft.		
				14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				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		
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. <i>Superior Well 143</i> Business name <i>Superior Well</i> License No. ____ Address <i>Great Bend</i> Signed <i>Jeffrey A. Myers</i> Date <i>8-5-75</i> Authorized representative						

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

Form WWC-5