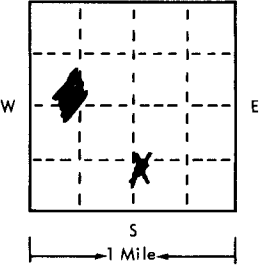


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

22 16 W 1 WSWSE  
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 <b>Pawnee</b>	Township name	Section number <b>1</b>	Town number <b>22 S</b>	Range number <b>16 W</b>
Distance and direction from nearest town or city: <b>East 1 north</b> <b>1/2 West of Larned</b>			3 Owner of well: <b>Slating Drilling Co</b> Address: <b>Slating KS</b> <b>Cross #1</b>		
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		
2 Type and color of material			4 Well depth: <b>85</b> ft. Date of completion: <b>5-15-75</b> Well diameter: <b>8</b> in.		
			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 checked="" 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"/> <b>Oil Field - H<sub>2</sub>O Supply</b>		
			7 Casing: Material: <b>Slating</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>RMP</b> Weight: <b>150</b> lbs./ft. <b>100</b> <b>50</b> in. to <b>85</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No — in. to — ft. depth		
			8 Screen: Manufacturer: <b>East of Lowell</b> Type: <b>APM</b> Dia. <b>5</b> <b>18</b> Slot gauge <b>slit</b> Length: <b>20</b> Set between <b>85</b> ft. and <b>85</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: <b>4</b>		
			9 Static water level: <b>8</b> ft. below land surface Date: <b>5-15-75</b>		
			10 Pumping level below land surfaces: — ft. after — hrs. pumping — g.p.m. — ft. after — hrs. pumping — g.p.m. Estimated maximum yield: <b>200</b> 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 <b>12</b> 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 <b>0</b> ft. to <b>10</b> ft.		
14 Nearest source of possible contamination: ft. <b>100</b> Direction: <b>East</b> Type: <b>center</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No					
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name: — 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 checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input 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. <b>Myers Water Well 143</b> Business name: — License No.: — Address: <b>Thyrt Bend KS</b> Signed: <b>Edward Myers</b> Date: <b>5-15-75</b> Authorized representative		

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

Form WWC-5