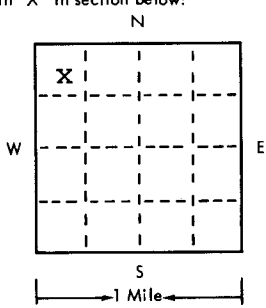


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 Na.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Pawnee</b>	Township name <b>Pleasant Grove NW 1/4 of NW 1/4</b>	Fraction	Section number <b>6</b>	Town number <b>T22S</b>	Range number <b>R16W</b>																														
Distance and direction from nearest town or city: <b>1 mi. East of Larned, Kansas</b> Street address of well location if in city:				3 Owner of well: <b>Mrs. Ralph Baird</b> Address: <b>Kinsley, Kansas</b>																																
Locate with "X" in section below: 				Sketch map:																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Top soil</td> <td>0</td> <td>2</td> </tr> <tr> <td>Brown clay</td> <td>2</td> <td>16</td> </tr> <tr> <td>Sand &amp; gravel</td> <td>16</td> <td>33</td> </tr> <tr> <td>Dakota clay</td> <td>33</td> <td>36</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				2 Type and color of material	From	To	Top soil	0	2	Brown clay	2	16	Sand & gravel	16	33	Dakota clay	33	36																4 Well depth: <b>36</b> ft. Date of completion <b>4-4-75</b> Well diameter <b>24</b> in.		
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				Top soil	0	2																														
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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 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 <b>Steel</b> Height: <del>above</del> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. _____ Weight <b>30.3</b> lbs./ft. <b>16</b> in. to <b>24</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>16</b> in. to <b>36</b> ft. depth!																																				
8 Screen: Manufacturer <b>Johnson Division</b> Type <b>125 Irr.</b> Dia. <b>16"</b> Slot gauge <b>1/8</b> Length <b>10'</b> Set between <b>24</b> ft. and <b>34</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>3/8-200</b>																																				
9 Static water level: <b>14 1/2</b> ft. below land surface Date <b>4-4-75</b>																																				
10 Pumping level below land surfaces: <b>N/C</b> ____ 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 <b>12</b> 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 <b>0</b> ft. to <b>10</b> ft.																																				
14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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"/> Centrifugal <input type="checkbox"/> Other																																				
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley  (use a second sheet if needed)				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>Clarke Well &amp; Eq., Inc.</b> <b>185</b> Business name License No. Address <b>Great Bend, KS</b> Signed <b>D. Wilk</b> Date <b>4-4-75</b> Authorized representative																																

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

Farm WWC-5