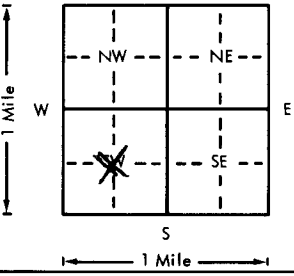


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County <u>Pawnee</u>	Fraction <u>1/4 C 1/4 SW 1/4</u>	Section number <u>36</u>	Township number <u>T 22</u>	Range number <u>S R 17 E/W</u>
2. Distance and direction from nearest town or city: <u>From Larned, Ks on K19 6 mi S - 3 mi W - 1/4 mi N.</u>				3. Owner of well: <u>A. G. Crane</u> R.R. or street: <u>Route #2</u> City, state, zip code: <u>Larned, Kansas, 67550</u>		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>24</u> in. Completion date <u>6-18-77</u> Well depth <u>72</u> ft.		
5. Type and color of material				7. <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		
				8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
From				9. Casing: Material <u>Steel</u> Height: Above or <u>below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>1 1/2</u> in. to <u>72</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>7</u>		
				10. Screen: Manufacturer's name <u>8' Doerps-10' Johnson</u> Type <u>Steel</u> Dia. <input type="checkbox"/> Slot/gauze <input type="checkbox"/> Length <u>18</u> Set between <u>54</u> ft. and <u>72</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>5/16 3/8</u>		
Top soil				0	5	11. Static water level: <u>25</u> ft. below land surface Date <u>12-14-76</u> mo./day/yr.
Brown clay				5	7	12. Pumping level below land surfaces: <u>46</u> ft. after <u>1</u> hrs. pumping <u>600</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>900</u> g.p.m.
Sand				7	12	13. Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date <u>12-14-76</u> mo./day/yr.
Brown clay				12	23	14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
Clean coarse sand & gravel				23	71	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
Brown clay				71	80	16. Nearest source of possible contamination: <u>oil</u> ft. <u>1800</u> Direction <u>nw</u> Type <u>well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gray clay				80	93	17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>W.I.R.</u> Model number <u>3-12cm</u> HP <u>40</u> Volts <u>460</u> Length of drop pipe <u>60</u> ft. capacity <u>800</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
(Use a second sheet if needed)				20. 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. <u>Barbara Bennis 134</u> Business name <u>Great Bend, Ks 67530</u> License No. <u>72177</u> Address <u>Great Bend, Ks 67530</u> Signed <u>Barbara Bennis</u> Date <u>7-21-77</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

22 17 36 1/4 1/4 1/4 CSW

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5