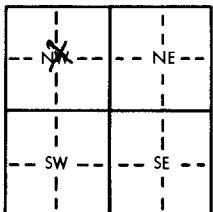


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NW 1/4</u>	Section number <u>36</u>	Township number <u>T 22 S</u>	Range number <u>R 17 E/W</u>
2. Distance and direction from nearest town or city: <u>6 mi S 3 mi W 1/2 N from Larned</u>			3. Owner of well: <u>A. G. Crane</u> R.R. or street: <u>Route #2</u> City, state, zip code: <u>Larned, Kans. 67550</u>		
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W  E S 1 Mile</div>			Sketch map:		
5. Type and color of material			6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>6-18-77</u> Well depth <u>73</u> ft.		
			7. <input checked="" 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 checked="" 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		
			9. Casing: Material <u>Steel</u> Height: Above or below 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>2 1/2</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>Johnson Doerns</u> Type <u>Steel</u> Dia. <u>1 1/2</u> Slot <u>3/16</u> Length <u>18</u> Set between <u>55</u> ft. and <u>73</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>2 3/4 3/8</u>		
(Use a second sheet if needed)			11. Static water level: <u>25</u> ft. below land surface Date <u>12-15-76</u> mo./day/yr.		
			12. Pumping level below land surfaces: <u>50</u> ft. after <u>1</u> hrs. pumping <u>600</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>800</u> g.p.m.		
			13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>12-15-76</u> mo./day/yr.		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
			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.		
			16. Nearest source of possible contamination: ft. <u>1500</u> Direction <u>South</u> Type <u>oil well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>W. E. R.</u> Model number <u>3-12CM</u> HP <u>40</u> Volts <u>460</u> Length of drop pipe <u>65</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		
			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>Rosecrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, KS 67530</u> Signed <u>Shirley Kilgus</u> Date <u>7-21-77</u> Authorized representative		
			18. Elevation:		
			19. Remarks:		

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

Form WWC-5