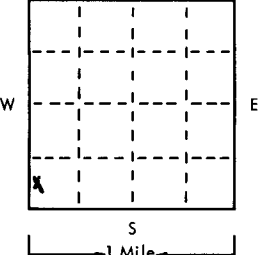


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

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 PAWNEE	Township name	Fraction SWSW	Section number 2	Town number 22S	Range number 18W																														
Distance and direction from nearest town or city: 13.2 E.				3 Owner of well: Joe Roesler																																
Street address of well location if in city: Sanford, Kan.				Address: R3 hamed, KS																																
Lacate with "X" in section below: N  Sketch map: S 1 Mile				4 Well depth: 140 ft. Date of completion 4-23-75 Well diameter 30 in.																																
2 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">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 - Clay</td> <td>0</td> <td>30</td> </tr> <tr> <td>Sand</td> <td>30</td> <td>50</td> </tr> <tr> <td>Sand - clay</td> <td>50</td> <td>90</td> </tr> <tr> <td>Sand - Gravel</td> <td>90</td> <td>140</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>				Type and color of material	From	To	Top Soil - Clay	0	30	Sand	30	50	Sand - clay	50	90	Sand - Gravel	90	140																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		
				Type and color of material	From	To																														
				Top Soil - Clay	0	30																														
				Sand	30	50																														
				Sand - clay	50	90																														
				Sand - Gravel	90	140																														
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				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																																
				7 Casing: Material Iron Height: above below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 16 in. to 100 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth																																
				8 Screen: Manufacturer Doerr Type IRON Dio. 16 Slot/gauze 4/8 Length 40 Set between 100 ft. and 140 ft. Fittings: 1/4 - 3/4" Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material ___																																
				9 Static water level: 28 ft. below land surface Date 4-23-75																																
				10 Pumping level below land surfaces: ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield 1500 g.p.m.																																
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___																																
				12 Well head completion: 12 <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade																																
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> CONCRETE Depth: From 0 ft. to 10 ft.																																
				14 Nearest source of possible contamination: live ft. 500 Direction S Type Stock 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.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																																
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. Belly's Water Well Serv 186 Business Name R2 Great Bend KS License No. _____ Address _____ Signed Belly Juice Date 5-8-75 Authorized representative																																				

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

Form WWC-5