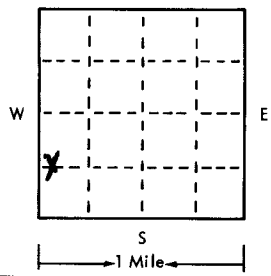


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SW	Section number 3	Town number 225	Range number 18 W																														
Distance and direction from nearest town or city: 15 1/2				3 Owner of well: Joe Roesler																																
Street address of well location if in city: Sanford, Ks				Address: R3 Larned, Kan																																
Locate with "X" in section below: 				Sketch map:																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> <tr> <td>Top Soil - Clay</td> <td>0</td> <td>28</td> </tr> <tr> <td>Sand - Gravel</td> <td>28</td> <td>48</td> </tr> <tr> <td>Sand - Clay</td> <td>48</td> <td>90</td> </tr> <tr> <td>Sand - Gravel</td> <td>90</td> <td>120</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> </table> <p style="text-align:center;">(use a second sheet if needed)</p>				2 Type and color of material	From	To	Top Soil - Clay	0	28	Sand - Gravel	28	48	Sand - Clay	48	90	Sand - Gravel	90	120																4 Well depth: 120 ft. Date of completion 4-25-75 Well diameter 30 in.		
				2 Type and color of material	From	To																														
				Top Soil - Clay	0	28																														
				Sand - Gravel	28	48																														
				Sand - Clay	48	90																														
				Sand - Gravel	90	120																														
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 IRON Height: 0 above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 22 in. Diam. _____ Weight _____ lbs./ft. _____ 16 in. to 90 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth																																				
8 Screen: Manufacturer DOERR Type IRON Dia. 1 1/2 " Slot/gauze 1/8 " Length 30' Set between 90 ft. and 120 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: 27 ft. below land surface Date 4-25-75																																				
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: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade 12																																				
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: None 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.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 type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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. Kelly's Water Well Ser 186 Business name R 2 Great Bend Ks License No. _____ Address _____ Signed Kelly Hince Date 5-8-75 Authorized representative																																				

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

Form WWC-5