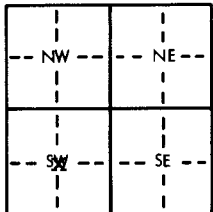


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Pawnee	Fraction 1/4 1/4 CSW 1/4	Section number 26	Township number T 23 S R 15 E W	Range number
2. Distance and direction from nearest town or city: 18 1/2 Southeast of Larned, KS Street address of well location if in city:			3. Owner of well: Russell Walker R.R. or street: Rural Route City, state, zip code: Macksville, KS 67557		
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			From	To	6. Bore hole dia. 24 in. Completion date 4-27-77 Well depth 70 ft.
Top Soil			0	4	7. <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
Brown clay			4	27	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
Sand & fine gravel			27	33	9. Casing: Material steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 30.3 lbs./ft. Dia. 16 in. to 42 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 7 ga.
Brown clay			33	43	10. Screen: Manufacturer's name D-Doerr C-Cook Type Double-slot Dia. 16" Slot/gauze 1/8 Length D-4' & C-20' Set between D-42 ft. and 46 ft. C-46 ft. and 66 ft. Gravel pack? yes Size range of material 3/8-200
Sand & gravel			43	66	11. Static water level: <input type="checkbox"/> mo./day/yr. 17' 4" ft. below land surface Date 3-31-77
Brown clay			66	70	12. Pumping level below land surfaces: N/C <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.
					13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date
					14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade
					15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.
					16. Nearest source of possible contamination: FIELD ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Peerless Pump Model number 12LB-4 HP 80 Volts <input type="checkbox"/> Length of drop pipe 60 ft. capacity 900 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)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:		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. Clarke Well & Equip., Inc. 185 Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address Great Bend, KS 67550 Signed Clarke Date 5-2-77 Authorized representative		

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

Form WWC-5