

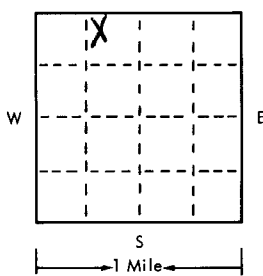
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

*Owner Not Lone*

WATER WELL RECORD  
KSA 82a-1201-1215

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

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Pawnee</b>	Township name	Fraction <b>SW 25 SE NE 10W</b>	Section number <b>10</b>	Town number <b>23</b>	Range number <b>16</b>		
Distance and direction from nearest town or city: <b>1 east of Zook, Kansas</b> Street address of well location if in city:				3 Owner of well: <b>A.W. Schartz Larned, Kansas</b> Address:				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		4 Well depth: <b>75</b> ft. Date of completion <b>10-28-74</b> Well diameter <b>7 7/8</b>			
2 Type and color of material			From		To			
			Top soil		0 2		5 <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	
			Sandy brown clay		<del>2</del> 13		6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <b>Stock well</b>	
			Fine sand		13 20		7 Casing: Material <b>pvc</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. Weight <b>160</b> lbs./ft. <b>4 1/2</b> in. to <b>75</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth	
			Blue green sandy clay		20 25		8 Screen: Manufacturer <b>R &amp; B</b> Type <b>slot pvc</b> Dia. <b>4 1/2</b> Slot/gauze <b>1/16</b> Length <b>15'</b> Set between <b>60</b> ft. and <b>75</b> ft. <b>15</b> Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>CM-3</b>	
			Brown & white sandy clay		25 55		9 Static water level: <b>26</b> ft. below land surface Date <b>10-28-74</b>	
			Sand rock		55 60		10 Pumping level below land surfaces: <b>30</b> ft. after <b>15</b> hrs. pumping <b>3</b> g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <b>60</b> g.p.m.	
			Hard black ironated sandrock		60 63		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___	
			Sand rock		63 75		12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <b>12</b> inches above grade	
			Fine sand		75 77		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> ___ Depth: From <b>10</b> ft. to <b>20</b> ft. <b>10</b>	
(use a second sheet if needed)					14 Nearest source of possible contamination: ft. ___ Direction <b>None</b> Type ___ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>HTA</b>			
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <b>Aermotor</b> Model number <b>SD12</b> HP <b>1/2</b> Volts <b>230</b> Length of drop pipe <b>63</b> ft. capacity <b>12</b> g.m.p. Type: <input checked="" 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		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. <b>Rosencrantz-Bemis</b> Business name License No. ___ Address <b>Great Bend, Ks. 134</b> Signed <b>Julia Nelson</b> Date <b>10-30-74</b> Authorized representative	
					Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			

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

Form WWC-5