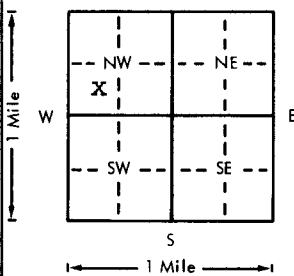


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

OK

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 C 1/4 SW 1/4 NW 1/4	Section number 31	Township number T 23 S R 16 E 10	Range number
2. Distance and direction from nearest town or city: 2-W 4-N of Belpree, Kans. Street address of well location if in city:			3. Owner of well: W. J. Schartz R.R. or street: none City, state, zip code: Lewis, Ks. 67552		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. 29 in. Completion date _____ Well depth 74 ft. 3-7-75		
5. Type and color of material			7. <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		
			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		
			9. Casing: Material steel Height: Above or below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 16 in. to 74 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. 7		
			10. Screen: Manufacturer's name _____ Doerrs Type steel Dia. _____ Slot xxxx 3/16 Length 28 Set between 46 ft. and 74 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/4 3/8		
			11. Static water level: _____ mo./day/yr. 12 ft. below land surface Date 3-8-74		
			12. Pumping level below land surfaces: 27 ft. after 1 hrs. pumping 800 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1600+ g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 3-8-74		
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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 0 ft. to 10 ft.		
			16. Nearest source of possible contamination: ft. 300 Direction east Type gaswell Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: Not installed Manufacturer's name W.J.R. Model number 2-12X-H HP 40 Volts _____ Length of drop pipe 60 ft. capacity 1000 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: 2075 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: 19168 ? (CBB)		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. Rosencrantz-Bemis 131 Business name License No. Address Great Bend, Kans. 67530 Signed S. Kellogg Date 6-19-79 Authorized representative	

23 1603 31 C SW NW 1/4 1/4 1/4

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

Form WWC-5