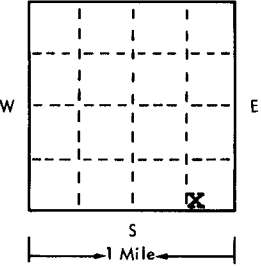


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Pleasant Valley</b>	Fraction <b>SE 1/4 of SE 1/4</b>	Section number <b>36</b>	Town number <b>T23S</b>	Range number <b>R16W</b>
Distance and direction from nearest town or city: <b>8 mi. Southeast of Zook, Kansas</b> Street address of well location if in city:			3 Owner of well: <b>Gordon Development</b> Address: <b>Macksville, Kansas</b>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>95</b> ft. Date of completion <b>5-14-75</b> Well diameter <b>24</b> in.
2 Type and color of material From To <b>Top soil &amp; sand</b> 0 8 <b>Sandy gray &amp; brown clay &amp; limestone</b> 8 41 <b>Sand, gravel &amp; clay streaks</b> 41 46 <b>Brown clay &amp; sandstone</b> 46 50 <b>Sand &amp; gravel</b> 50 62 <b>Blue &amp; brown clay</b> 62 64 <b>Sand &amp; gravel</b> 64 76 <b>Cemented gravel &amp; loose streaks</b> 76 83 <b>Sand &amp; gravel</b> 83 94 <b>Brown &amp; blue clay &amp; limestone</b> 94 95 (use a second sheet if needed)			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			
			7 Casing: Material <b>Steel</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. <b>30.3</b> Diam. <b>16</b> in. to <b>55</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			
			8 Screen: Manufacturer <b>Doerr</b> Type <b>Double-slot</b> Dia. <b>16"</b> Slot gauge <b>1/8</b> Length <b>40'</b> Set between <b>55</b> ft. and <b>95</b> ft. Fittings: <b>3/8-200</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
			9 Static water level: <b>19</b> ft. below land surface Date <b>5-14-75</b>			
			10 Pumping level below land surfaces: <b>N/C</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 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 <b>12</b> inches above grade			
			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>0</b> ft. to <b>10</b> ft.			
			14 Nearest source of possible contamination: 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.m.p. 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 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. <b>Clarke Well &amp; Eq., Inc.</b> <b>185</b> Business name License No. Address <b>Great Bend, KS</b> Signed <b>[Signature]</b> Date <b>5-14-75</b> Authorized representative			

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

Form WWC-5