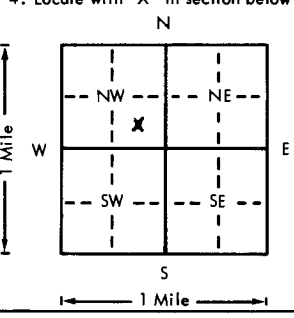


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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: <u>3</u>		County <u>Pawnee</u>	Fraction <u>SE 1/4 NW 1/4</u>	Section number <u>7</u>	Township number <u>T 23 S R 17 E/W</u>	Range number <u>17</u>
2. Distance and direction from nearest town or city: <u>15-3/4 E of Garfield, KS.</u> Street address of well location if in city:				3. Owner of well: <u>Carl Tyler</u> R.R. or street: <u>1721 College</u> City, state, zip code: <u>Garfield, KS 67530</u>		
4. Locate with "X" in section below:  Sketch map: <u>Well # 3</u>				6. Bore hole dia. <u>11</u> in. Completion date <u>3-15-77</u> Well depth <u>22</u> ft.		
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 <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>6</u> in. to <u>22</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>1280</u>		
				10. Screen: Manufacturer's name <u>Johnson</u> Type <u>steel</u> Dia. <u>6</u> Slot <u>1/16</u> in. Length <u>10</u> Set between <u>12</u> ft. and <u>22</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 1 1/2</u>		
				11. Static water level: <u>8</u> ft. below land surface Date <u>5-27-76</u> 12. Pumping level below land surfaces: <u>NA</u> <u>NA</u> ft. after <u>NA</u> hrs. pumping <u>NA</u> g.p.m. <u>NA</u> ft. after <u>NA</u> hrs. pumping <u>NA</u> g.p.m. Estimated maximum yield <u>NA</u> g.p.m.		
(Use a second sheet if needed)				13. Water sample submitted: <u>Yes</u> <u>5-27-76</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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 <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. <u>1000</u> Direction <u>east</u> Type <u>corral</u> Well disinfected upon completion? <u>NA</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>NA</u> Model number <u>NA</u> HP <u>NA</u> Volts <u>NA</u> Length of drop pipe <u>NA</u> ft. capacity <u>NA</u> 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		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u># 3 is 100' n. of well # 2</u>		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. <u>Prunclantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, KS 67530</u> Signed <u>Prunclantz-Bemis</u> Date <u>5-27-77</u> Authorized representative		

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

Form WWC-5