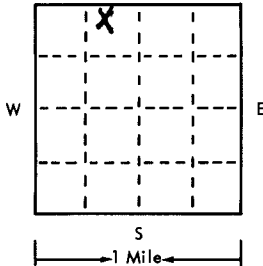


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <u>Pawnee</u>	Township name	Fraction <u>NE NW</u>	Section number <u>23</u>	Town number <u>23 S</u>	Range number <u>17 W</u>
Distance and direction from nearest town or city: <u>2 S 2 1/2 E</u>			3 Owner of well: <u>Darrell Medd</u>			
Street address of well location if in city: <u>Garfield, KS</u>			Address: <u>Garfield, Kan</u>			
Locate with "X" in section below: N  W S E 1 Mile			Sketch map:			4 Well depth: <u>62</u> ft. Date of completion <u>8-13-75</u> Well diameter <u>8</u> in.
2 Type and color of material			From		To	
			<u>Top Soil - Clay</u>		<u>0</u>	<u>30</u>
			<u>Sand</u>		<u>30</u>	<u>40</u>
			<u>Sand - Gravel</u>		<u>40</u>	<u>62</u>
					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	
					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 type="checkbox"/>	
					7 Casing: Material <u>PVC</u> Height: <u>0</u> above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>5</u> in. to <u>62</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
					8 Screen: Manufacturer <u>MPI</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/8"</u> Length <u>15"</u> Set between <u>47</u> ft. and <u>62</u> ft. _____ Fittings: <u>1/8" - 3/4"</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
					9 Static water level: <u>18</u> ft. below land surface Date <u>8-13-75</u>	
					10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>40</u> 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 <input checked="" type="checkbox"/> <u>12</u> 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 <u>0</u> ft. to <u>10</u> ft.	
					14 Nearest source of possible contamination: <u>Hog Pen</u> ft. <u>60</u> Direction <u>S</u> Type <u>Pen</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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			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. <u>Kellys Water Well Serv</u> <u>186</u> Business name _____ License No. _____ Address <u>R2, Great Bend, KS</u> Signed <u>Kelly Price</u> Date <u>8-15-75</u> Authorized representative			

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

Form WWC-5