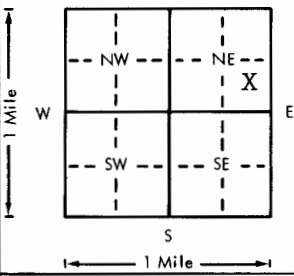


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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:  | County<br><b>Pratt</b> | Fraction<br><b>1/4 SE 1/4 NE 1/4</b> | Section number<br><b>8</b>  | Township number<br><b>T 26 S R 13 E W</b> | Range number   |
| 2. Distance and direction from nearest town or city: <b>4 1/2 Mi. N &amp; 1 West</b><br><del>5 1/2 Miles Northwest</del> of Iuka, KS<br>Street address of well location if in city: |                        |                                      | 3. Owner of well: <b>Steve Snyder</b><br>R.R. or street: <b>Route 1</b><br>City, state, zip code: <b>Iuka, KS 67066</b>   |   |  |
| 4. Locate with "X" in section below:<br>N<br><br>W<br>E<br>S<br>1 Mile                             |                        |                                      | Sketch map:   |   |  |
| 5. Type and color of material   |                        |                                      | From  | To  | 6. Bore hole dia. <b>9</b> in. Completion date <b>12-14-78</b><br>Well depth <b>60</b> ft. <b>Pump Set 12-14-78</b>  |
| Sandy top soil  |                        |                                      | 0   | 3   | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |
| Brown clay  |                        |                                      | 3   | 32  | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |
| Sand & gravel   |                        |                                      | 32  | 38  | 9. Casing: Material <b>Styrene</b> Height: <b>Above</b> or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>1.5</b> lbs./ft.<br>Dia. <b>5</b> in. to <b>50</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gauge No. <b>200</b>                                 |
| Brown clay  |                        |                                      | 38  | 42  | 10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b><br>Type <b>Styrene 200</b> Dia. <b>5"</b><br><input checked="" type="checkbox"/> Slot gauze <b>1/8"</b> Length <b>10'</b><br>Set between <b>50</b> ft. and <b>60</b> ft.<br><input type="checkbox"/> ft. and <input type="checkbox"/> ft.<br>Gravel pack? <b>Yes</b> Size range of material <b>3/8-200</b>  |
| Sand & gravel   |                        |                                      | 42  | 60  | 11. Static water level: <input type="checkbox"/> mo./day/yr.<br><b>22</b> ft. below land surface Date <b>12-14-78</b>  |
|   |                        |                                      |   |   | 12. Pumping level below land surfaces: <b>Not Checked</b><br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br>Estimated maximum yield <input type="checkbox"/> g.p.m.   |
|   |                        |                                      |   |   | 13. Water sample submitted: <input type="checkbox"/> mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date   |
|   |                        |                                      |   |   | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade   |
|   |                        |                                      |   |   | 15. Well grouted? <b>Yes</b><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.  |
|   |                        |                                      |   |   | 16. Nearest source of possible contamination: <b>FIELD</b><br><input checked="" type="checkbox"/> <input type="checkbox"/> Direction <input type="checkbox"/> Type <b>NO KNOWN</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
|   |                        |                                      |   |   | 17. Pump: <input type="checkbox"/> Not installed<br>Manufacturer's name <b>Berkeley Pump Co.</b><br>Model number <b>4B1-15</b> HP <b>1</b> Volt <b>230</b><br>Length of drop pipe <b>42</b> ft. capacity <b>15</b> g.p.m.<br>Type:<br><input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |
|   |                        |                                      | (Use a second sheet if needed)  |   |  |
| 18. Elevation:  | 19. Remarks:           |                                      | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Clarke Well &amp; Eq., Inc. 185</b><br>Business name <b>Great Bend, KS</b> License No. <b>67530</b><br>Address <b>12-19-78</b><br>Signed <i>[Signature]</i> Date <b>12-19-78</b><br>Authorized representative |   |  |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley                                |                        |                                      |   |   |  |

26 SOURCE  
130  
8  
SENE  
1/4  
1/4  
1/4  
1/4

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

Form WWC-5