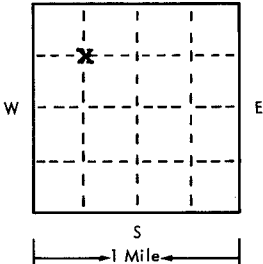


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Pratt	Township name Iuka	Fraction CNW$\frac{1}{4}$	Section number 34	Town number T26S	Range number R13W
Distance and direction from nearest town or city: 1 mi. North of Iuka, Kansas Street address of well location if in city:				3 Owner of well: George Soeken Address: Iuka, Kansas		
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		
2 Type and color of material				From		To
Top soil				0		3
Brown clay				3		45
Sand & clay streaks				45		65
Sand, gravel & thin clay streaks				65		95
XXX Brown clay & limestreaks				95		105
Sand & gravel				105		140
(use a second sheet if needed)						
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				4 Well depth: <u>140</u> ft. Date of completion <u>4-25-75</u> Well diameter <u>24</u> in.		
				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 <u>Steel</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight <u>30.3</u> lbs./ft. _____ <u>16</u> in. to <u>70</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer <u>W. A. Brown</u> Type <u>Double-slot</u> Dia. <u>16"</u> <u>slot</u> gauze <u>1/8</u> Length <u>70'</u> Set between <u>70</u> ft. and <u>140</u> ft. _____ Fittings: _____ <u>3/8</u> -200 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
				9 Static water level: <u>50</u> ft. below land surface Date <u>4-25-75</u>		
				10 Pumping level below land surfaces: <u>N/C</u> _____ 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 <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>NONE KNOWN</u> 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		
				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. Clarke Well & Eq., Inc. 185 Business name _____ License No. _____ Address <u>Great Bend, KS</u> Signed <u>[Signature]</u> Date <u>4-25-75</u> Authorized representative		

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

Form WWC-5