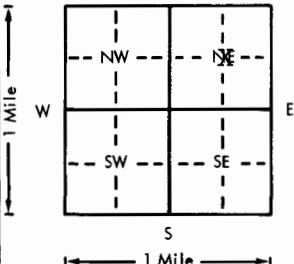


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Pratt</b>	Fraction 1/4	Center of 1/4 NE 1/4	Section number <b>34</b>	Township number T 26 S	Range number R 13 E <b>W</b>
2. Distance and direction from nearest town or city: <b>1 mile North of Iuka, KS</b> Street address of well location if in city:			3. Owner of well: <b>Carl Briggeman (?)</b> R.R. or street: City, state, zip code: <b>Iuka, KS 67066</b>			
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			6. Bore hole dia. <u>24</u> in. Completion date <u>5-16-77</u> Well depth <u>158</u> ft.
5. Type and color of material			From	To	7. <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	
Top soil & sand			0	10	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	
Brown clay			10	33	9. Casing: Material <u>steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>70</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>110</u> ft. depth gage No. <u>7 ga.</u>	
Brown clay & sand			33	61	10. Screen: Manufacturer's name <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> Slot/gauge <u>1/8</u> Length <u>68'</u> Set between <u>70</u> ft. and <u>90</u> ft. <u>90</u> ft. and <u>110</u> ft. Gravel pack? <u>yes</u> Size range of material <u>5/8-200</u>	
Sand & gravel			61	90	11. Static water level: <u>48</u> ft. below land surface Date <u>5-11-77</u> mo./day/yr.	
Brown clay & yellow clay & limestone streak at 100 to 101			90	106	12. Pumping level below land surfaces: <u>N/C</u> <u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. <u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. Estimated maximum yield <u>    </u> g.p.m.	
Sand & gravel			106	117	13. Water sample submitted: <u>    </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>    </u>	
Sand & gravel & clay streaks			117	123	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
Sand & gravel			123	156	15. Well grouted? <u>yes</u> 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.	
Brown clay			156	158	16. Nearest source of possible contamination: <u>FIELD</u> ft. <u>    </u> Direction <u>    </u> Type <u>    </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(Use a second sheet if needed)					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Peerless Pump</u> Model number <u>12LB-3</u> HP <u>80</u> Volts <u>    </u> Length of drop pipe <u>80</u> ft. capacity <u>900</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation:	19. Remarks:		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. <b>Clarke Well &amp; Eq., Inc. 185</b> Business name License No. Address <u>Great Bend, KS 67530</u> Signed <u>[Signature]</u> Date <u>5-17-77</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

26 130 34 1/4 1/4 1/4 CME

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

Form WWC-5