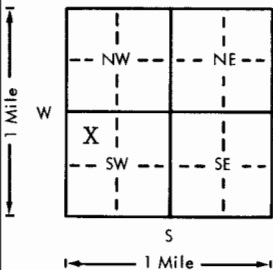


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Pratt	Fraction 1/4 NW 1/4 SW 1/4	Section number 13	Township number T 26 S R 14	Range number 14
2. Distance and direction from nearest town or city: 3 miles East of Byers, KS Street address of well location if in city:			3. Owner of well: Bob L. Moore Route 1 - Box 27 City, state, zip code: Iuka, KS 67066		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>10-30-78</u> Well depth <u>84</u> ft. Pump Set <u>12-5-78</u>
Sandy top soil			0	6	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
Sandy clay			6	27	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Sand & gravel			27	36	9. Casing: Material <u>Styrene</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>1.5</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>79</u> ft. depth gauge No. <u>.200</u>
Gray & brown clay & limestone			36	48	10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>Styrene 200</u> Dia. <u>5"</u> Slot gauge <u>1/8"</u> Length <u>10'</u> Set between <u>60</u> ft. and <u>65</u> ft. <u>79</u> ft. and <u>84</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>
Sand & gravel			48	64	11. Static water level: <u>27' 4"</u> ft. below land surface Date <u>10-30-78</u> mo./day/yr.
Gray & brown clay & limestone			64	77	12. Pumping level below land surfaces: <u>Not Checked</u> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.
Sand & gravel			77	83	13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____
Brown clay			82	84	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade
					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.
					16. Nearest source of possible contamination: <input checked="" type="checkbox"/> Field ____ ft. Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: Not installed Manufacturer's name <u>Berkeley Pump Co.</u> Model number <u>4AM-11</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>67</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
					(Use a second sheet if needed)
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. Clarke Well & Eq., Inc. 185 Business name <u>Great Bend, KS</u> License No. <u>67530</u> Address <u>12-6-78</u> Signed <u>[Signature]</u> Date <u>12-6-78</u> Authorized representative		

26 140 13 1/4 1/4 1/4

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

Form WWC-5