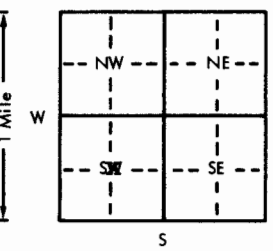


USE TYPEWRITER OR BALL  
POINT PEN—PRESS FIRMLY,  
PRINT CLEARLY.

**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 <b>1/4 1/4 CSW 1/4</b>	Section number <b>20</b>	Township number <b>T 26 S R 14</b>	Range number <b>14</b>		
2. Distance and direction from nearest town or city: <b>2 1/2 mi. Southwest of Byers, KS</b> Street address of well location if in city:				3. Owner of well: <b>Clinton Schoonover, C.K.A.</b> R.R. or street: <b>Riley County Assessor &amp; Appraiser</b> City, state, zip code: <b>Manhattan, KS 66502</b>				
4. Locate with "X" in section below: <div style="text-align: center;"></div>				Sketch map:				
5. Type and color of material				From	To			
				Top soil		0	3	
				Gray & brown clay		3	20	
				Brown & white clay		20	35	
				Sand, gravel & clay streaks at 39'		35	44	
				Brown & white clay & limestone		44	56	
				Sand, gravel & clay streaks at 86'-90'		56	90	
				Brown clay & limestone		90	92	
				Sand & gravel		92	100	
				(Use a second sheet if needed)				6. Bore hole dia. <b>24</b> in. Completion date <b>12-31-</b>
Well depth <b>100</b> ft.								
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								
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								
9. Casing: Material <b>Steel</b> Height: <input checked="" type="checkbox"/> Above or below								
Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.								
RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>30.3</b> lbs./ft.								
Dia. <b>16</b> in. to <b>60</b> ft. depth Wall Thickness: inches or								
Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>7 ga.</b>								
								10. Screen: Manufacturer's name <b>Doerr</b>
				Type <b>Double-slot</b> Dia. <b>16"</b>				
				Slot gauge <b>1/8</b> Length <b>40'</b>				
				Set between <b>60</b> ft. and <b>100</b> ft.				
				Gravel pack? <b>Yes</b> Size range of material <b>3/8-200</b>				
				11. Static water level: <input type="checkbox"/> ft. below land surface Date <b>12-30-75</b>				
				12. Pumping level below land surfaces: <b>N/C</b>				
				____ ft. after ____ hrs. pumping ____ g.p.m.				
				____ ft. after ____ hrs. pumping ____ g.p.m.				
				Estimated maximum yield ____ g.p.m.				
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____				
				14. Well head completion: <b>12</b> inches above grade				
				15. Well grouted? <b>Yes</b>				
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete				
				Depth: From <b>0</b> ft. to <b>10</b> ft.				
				16. Nearest source of possible contamination: <b>NONE KNOWN</b>				
				ft. ____ Direction ____ Type ____				
				Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
				17. Pump: <input type="checkbox"/> Not installed				
				Manufacturer's name <b>Peerless-FMC Corp.</b>				
18. Elevation:				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 <b>Great Bend, KS</b> License No. <b>1-15-</b> Address <b>1-15-</b> Signed <b>1-15-</b> Authorized representative				
19. Remarks:								

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

Form WWC-5