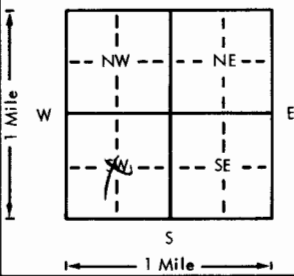


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>C/SW</b> 1/4 1/4 1/4	Section number <b>9</b>	Township number <b>T 26 S</b>	Range number <b>R 15 E/W</b>		
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Jr. Grizzell</b> R.R. or street: City, state, zip code: <b>MACKSVILLE KS</b>					
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		6. Bore hole dia. <b>29</b> in. Completion date <b>6-17-76</b> Well depth <b>182</b> ft.			
5. Type and color of material			From	To	7. 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			
			<b>Sandy Top Soil</b>		<b>0</b>	<b>2</b>	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	
			<b>Brown and Gray Clay</b>		<b>2</b>	<b>10</b>	9. Casing: Material <b>Steel</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>R</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>16</b> in. to <b>182</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>7</b>	
			<b>Sand and Gravel Clean Coarse loose</b>		<b>10</b>	<b>45</b>	10. Screen: Manufacturer's name <b>Dorris</b> Type <b>Steel</b> Dia. <b>16</b> Clay gauze <b>3/16</b> Length <b>70</b> Set between <b>142</b> ft. and <b>182</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 3/4 3/8</b>	
			<b>Yellow Brown Clay</b>		<b>45</b>	<b>51</b>	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>12</b> ft. below land surface Date <b>4-21-76</b>	
			<b>Sand and Gravel Clean Coarse loose</b>		<b>51</b>	<b>182</b>	12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <b>NA</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
			<b>Gray Clay</b>		<b>182</b>	<b>185</b>	13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>5-4-76</b>	
(Use a second sheet if needed)			14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade					
			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.					
			16. Nearest source of possible contamination: ft. <b>47</b> Direction <b>NW</b> Type <b>CORRAL</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No					
			17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>WLR</b> Model number <b>4-MSZ-12 HP 80</b> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. 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					
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>Rosenrantz - Bemis 134</b> Business name License No. Address <b>Great Bend, KS.</b> Signed <b>Freddie Anderson</b> Date <b>9/30/76</b> Authorized representative					

T 26  
 R 15  
 S  
 C 50  
 Sec  
 1/4  
 1/4  
 1/4

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

Form WWC-5