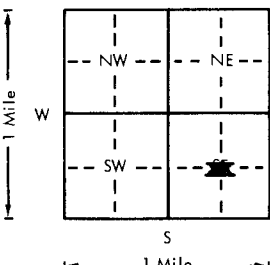


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Kitowa</b>	Fraction <b>1/4 c 1/4 se/4</b>	Section number <b>16</b>	Township number <b>T 27 S R 16</b>	Range number <b>EW</b>
2. Distance and direction from nearest town or city: <b>5-N 1 3/4-E of Haviland, Ks.</b> Street address of well location if in city:			3. Owner of well: <b>Clifton Clark</b> R.R. or street: <b>none</b> City, state, zip code: <b>Haviland, Kansas 67059</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 _____ Well depth <b>116</b> ft. <b>3-22-78</b>	
5. Type and color of material		From	To	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	
brown sandy top soil		0	3	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	
fine brown & red sand		3	13	9. Casing: Material <b>steel</b> Height: Above ground _____ Threaded _____ Welded _____ Surface <b>18</b> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <b>16</b> in. to <b>116</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. <b>7</b>	
brown clay sandy		13	19	10. Screen: Manufacturer's name <b>Doerrs</b> Type <b>steel</b> Dia. _____ Slot <del>size</del> <b>3/16</b> Length <b>40</b> Set between <b>76</b> ft. and <b>116</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>	
fine sand		19	25	11. Static water level: _____ mo./day/yr. <b>27 1/2</b> ft. below land surface Date <b>12-19-77</b>	
sand & gravel		25	56	12. Pumping level below land surfaces: <b>na</b> ____ ft. after _____ hrs. pumping _____ g.p.m. ____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
clay		56	67	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>12-19-77</b>	
brown clay		67	78	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
sand & gravel		78	113	15. Well grouted? <input checked="" type="checkbox"/> 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.	
hard white clay		113	123	16. Nearest source of possible contamination: ft. <b>1400</b> Direction <b>west</b> Type <b>farmstead</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
brown clay		123	137	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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	
hard white clay		137	138	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>Rosencrantz-Bemis</b> <b>134</b> Business name License No. Address: <b>Great Bend, Kansas 67530</b> Signed: <b>S. Kilgore</b> Date: <b>3-19-79</b> Authorized representative	
brown clay		138	155		
(Use a second sheet if needed)					
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:				

27 T 16016 - CSE  
1/4 1/4

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

Form WWC-5