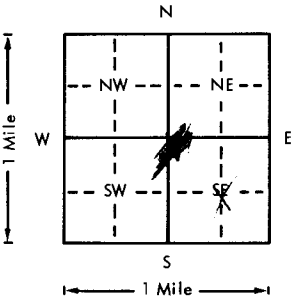


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Nowata</u>	Fraction <u>C/SE</u> 1/4 1/4 1/4	Section number <u>20</u>	Township number <u>T 27 S</u>	Range number <u>R 16 E/W</u>
2. Distance and direction from nearest town or city: <u>4 1/2 mi E of</u>		3. Owner of well: <u>Frank Frait</u>			
Street address of well location if in city: <u>Haviland</u>		R.R. or street: _____			
		City, state, zip code: <u>Haviland, Ks.</u>			
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>5-21-76</u> Well depth <u>125</u> ft.		
			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		
			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 <u>Steel</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>1 1/2</u> in. to <u>125</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____
<u>Sandy Top Soil</u>			<u>0</u>	<u>2</u>	Type <u>steel</u> Dia. <u>16</u>
<u>White & Red Clay Mixed</u>			<u>2</u>	<u>44</u>	Slot/gauze <u>3/16</u> Length <u>40</u>
<u>SAND & Gravel Clay Mixed</u>			<u>49</u>	<u>49</u>	Set between <u>85</u> ft. and <u>125</u> ft.
<u>SAND & Gravel</u>			<u>49</u>	<u>126</u>	ft. and _____ ft.
<u>Clay</u>			<u>126</u>	<u>127</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>
<u>Fire Clay</u>			<u>127</u>	<u>130</u>	11. Static water level: _____ mo./day/yr. <u>27</u> ft. below land surface Date <u>1-20-76</u>
					12. Pumping level below land surfaces: <u>38</u> ft. after <u>1/2</u> hrs. pumping <u>1200</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1400</u> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>1-24-76</u>
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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 <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: ft. <u>400</u> Direction <u>N</u> Type <u>Garage</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: _____ Not installed Manufacturer's name <u>WLB</u> Model number <u>3-MS-12</u> HP <u>100</u> Volts _____ Length of drop pipe <u>80</u> ft. capacity <u>1000</u> 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
			(Use a second sheet if needed)		
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. <u>Rosenkrantz-Bemis</u> <u>134</u> Business name _____ License No. _____ Address <u>Great Bend, Ks.</u> Signed <u>Freddie Rodam</u> Date <u>9/29/76</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 27 R 16 E Sec 20 CSE 1/4 1/4 1/4

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

Form WWC-5