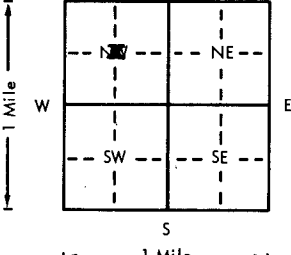


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Kiowa</b>	Fraction <b>C NW</b> <del>29</del> 1/4 <del>27</del> 1/4 <del>26</del> 1/4	Section number <b>29</b>	Township number <b>T 27 S</b>	Range number <b>R 16 E</b>
2. Distance and direction from nearest town or city: <b>3-N 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 1 Mile W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>135</u> ft. <u>12-22-78</u>
sandy top soil			0	9	7. <input checked="" 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
hard Brown clay			9	21	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
hard green gray clay			21	40	9. Casing: Material <u>steel</u> Height: Above or <u>below</u> Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>135</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>
sandy clay			40	51	10. Screen: Manufacturer's name _____ <u>Doerrs</u> Type <u>steel</u> Dia. _____ Slot <u>xxx 3/16</u> Length <u>40</u> Set between <u>91</u> ft. and <u>131</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>
good clean sand gravel			51	106	11. Static water level: _____ mo./day/yr. <u>43</u> ft. below land surface Date <u>12-22-78</u>
good clean gravel			106	126	12. Pumping level below land surfaces: <u>43</u> ft. after <u>1</u> hrs. pumping <u>60</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1000</u> g.p.m.
clay			126	130	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>2-22-78</u>
fire clay			130	135	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> 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: ft. <u>7000</u> Direction <u>SW</u> Type <u>oilwell</u> Well disinfected upon completion? <u>hth</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ 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
					(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:		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>Rosencrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, Kansas</u> <u>67530</u> Signed <u>Sandy Kilgore</u> Date <u>2-8-79</u> Authorized representative		

27-160-29-1/4-1/4 C NW

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

Form WWC-5