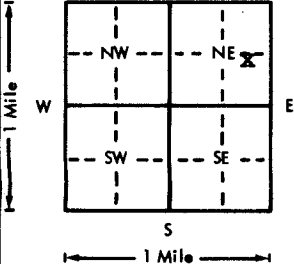


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 KIOWA Kiowa	Fraction 1/4 SE 1/4 NE 1/4	Section number 31	Township number T 27 S	Range number R 20 EW
2. Distance and direction from nearest town or city: 7 1/2 mi. Northwest of Mullenville, Kansas Street address of well location if in city:			3. Owner of well: Don Broomfield R.R. or street: Route 3 City, state, zip code: Augusta, Kansas 67010		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>24</u> in. Completion date <u>9-3-75</u> Well depth <u>146</u> ft.	
5. Type and color of material		From	To	7. 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	
Sand		0	6	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	
Brown clay & sand		6	12	9. Casing: Material <u>Steel</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30.3</u> lbs./ft. Dia. <u>16</u> in. to <u>51</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>101</u> ft. depth gage No. <u>7 ga.</u>	
Sand & gravel		12	58	10. Screen: Manufacturer's name <u>Johnson Div. & W. A. Brown-(Double-slot)</u> Type <u>125 Irr.</u> Dia. <u>16"</u> Slot gauge <u>1/8</u> Length <u>55'</u> Set between (I.D.) <u>51</u> ft. and <u>61</u> ft. (Brown) <u>101</u> ft. and <u>146</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>	
White & brown clay & limestone		58	104	11. Static water level: _____ mo./day/yr. <u>42</u> ft. below land surface Date <u>9-3-75</u>	
Conglomerate		104	118	12. Pumping level below land surfaces: <u>N/C</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
Sandstone		118	145	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
Dakota clay		145	146	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
				15. Well grouted? <u>Yes</u> 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. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				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 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>Clarke Well & Eq., Inc.</u> <u>185</u> Business name License No. Address <u>Rt. 1, Great Bend, KS</u> Signed <u>[Signature]</u> <u>9-3-75</u> Authorized representative	

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

Form WWC-5