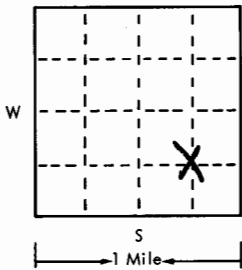
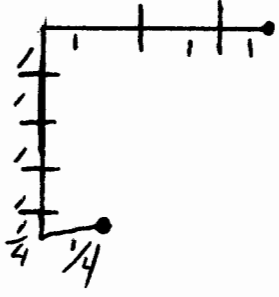


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

28 11 W 25 SE
T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Pratt	Township name Valley	Fraction SE	Section number 25	Town number 28	Range number 11-W			
Distance and direction from nearest town or city: 3 west of Cunningham			Owner of well: Brenton Bortz						
Street address of well location if in city: 4 1/4 50 1/4 East in field			Address: Cunningham, Kansas 67035						
Locate with "X" in section below: 		Sketch map: 		4 Well depth: 114 ft. Date of completion 8/1/78 Well diameter 26 in.					
2		Type and color of material		From		To		5 <input type="checkbox"/> 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	
								6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
								7 Casing: Material TRANSITE Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 8 in. Diam. 16 in. to 16 in. Weight 30 lbs./ft. 0 in. to 15 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
								8 Screen: Manufacturer Johnson Type SAWED Dia. 16 Slot/gauze 3/16 Length 39 Set between 75 ft. and 114 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8 - 1/4	
9 Static water level: 38 ft. below land surface Date 8-1-78		10 Pumping level below land surfaces: 39 ft. after 1 hrs. pumping 800 g.p.m. 30 ft. after 2 hrs. pumping 1200 g.p.m. Estimated maximum yield 1500 g.p.m.		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____					
12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Cement Depth: From 0 ft. to 10 ft.		14 Nearest source of possible contamination: ft. _____ Direction none Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
15 Pump: Manufacturer's name Western Land Roller Model number 5590 Volts 80 Length of drop pipe 80 ft. capacity 900 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		16 Remarks: elevation <table border="1"><tr><td>Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley</td><td>109 118 120 127 135</td><td>118 120 127 135 150</td></tr></table>		Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	109 118 120 127 135	118 120 127 135 150	17 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. Rosencrantz-Bemis, Inc. Business name 134 License No. _____ Address 1211 W. 4th Hutchinson, Kans. Signed Mike G. Davis Date 6-9-79 Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	109 118 120 127 135	118 120 127 135 150							

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5