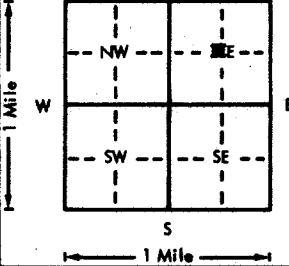
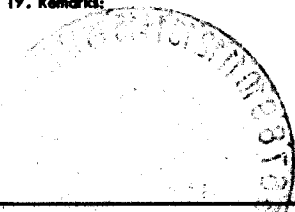


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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	Fraction 1/4 1/4CNE 1/4	Section number 12	Township number T 28 S	Range number R 17 E/W
2. Distance and direction from nearest town or city: 1 1/2 miles northwest of Haviland Street address of well location if in city:			3. Owner of well: David Smitherman R.R. or street: Rural Route City, state, zip code: Haviland, KS 67059		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. 24 in. Completion date 5-11-76 Well depth 140 ft.
top soil			0	2	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
brown clay			2	27	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
sandy clay & sand streaks			27	54	9. Casing: Material Steel Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 30.3 lbs./ft. Dia. 24 in. to 80 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. 7 88a
sand & gravel & thin clay streaks at 60-82			54	90	10. Screen: Manufacturer's name Doerr Type Double-slot Dia. 16" Slot gauze 1/8" Length 60' Set between 80 ft. and 140 ft. ft. and <input type="checkbox"/> ft. Gravel pack? YES Size range of material 3/8-200
brown clay			90	92	11. Static water level: <input type="checkbox"/> no./day/yr. 65' ft. below land surface Date 4-5-76
sand & gravel & clay streaks at 95			92	140	12. Pumping level below land surfaces: N/C <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.
					13. Water sample submitted: <input type="checkbox"/> no./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
					14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade
					15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.
					16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name FMC Corp/Pearless Model number 12MB-3 HP 50 Volts 460 Length of drop pipe 100 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
			(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. Clarke Well & Eq. Inc. 185 Business name License No. Address Great Bend, KS 67530 Signed D.W. Clarke Date 5-24-76 Authorized representative		

28 17 12 CNE 1/4 1/4 9/4

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

Form WWC-5