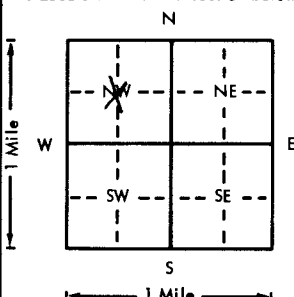


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>Kiowa</u>		Fraction <u>C/NW</u> 1/4 1/4 1/4			Section number <u>24</u>		Township number T <u>28</u> S R <u>19</u> E/W		Range number		
2. Distance and direction from nearest town or city: <u>6W of Dunsburg, KS</u> Street address of well location if in city:					3. Owner of well: <u>E. M. Pate</u> R.R. or street: <u>106 Plaza</u> City, state, zip code: <u>Nodge City, KS</u>						
4. Locate with "X" in section below: 					Sketch map:		6. Bore hole dia. <u>2 3/4</u> in. Completion date Well depth <u>154</u> ft. <u>7-7-76</u>				
					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: Above 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>154</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7998</u>						
5. Type and color of material					From		To		10. Screen: Manufacturer's name <u>Deery</u> Type <u>Steel</u> Dia. <u>16"</u> <del>Slot</del> <u>3/16"</u> Length <u>60</u> Set between <u>94</u> ft. and <u>154</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2-3/4-3/8</u>		
<u>Sandy top soil</u>					<u>0</u>		<u>2</u>		11. Static water level: _____ mo./day/yr. <u>67</u> ft. below land surface Date <u>7-2-76</u>		
<u>Brown clay</u>					<u>2</u>		<u>7</u>		12. Pumping level below land surfaces: <u>65</u> ft. after <u>1</u> hrs. pumping <u>1400</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1400</u> g.p.m.		
<u>Sandy red clay</u>					<u>7</u>		<u>26</u>		13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>June 16, 76</u>		
<u>Gray clay</u>					<u>26</u>		<u>42</u>		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade		
<u>Sand + gravel w/ light clay</u>					<u>42</u>		<u>128</u>		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.		
<u>Sand + gravel w/ light clay</u>					<u>128</u>		<u>136</u>		16. Nearest source of possible contamination: ft. <u>1538</u> Direction <u>NW</u> Type <u>septic tank</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Gray clay white rock</u>					<u>136</u>		<u>141</u>		17. Pump: _____ Not installed Manufacturer's name <u>pacuzzi</u> Model number <u>4-1375</u> HP <u>60</u> Volts <u>4</u> Length of drop pipe <u>110</u> ft. capacity <u>800</u> 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		
<u>Sand + gravel</u>					<u>141</u>		<u>154</u>		(Use a second sheet if needed)		
<u>Hard gray clay</u>									18. Elevation:		
									19. Remarks:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									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>Basenorth-Bemis</u> <u>134</u> Business name _____ License No. _____ Address <u>Great Bend, KS</u> Signed <u>Media Radon</u> Date <u>9/9/76</u> Authorized representative		

28  
 19  
 4  
 C/NW  
 1/4 1/4 1/4

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

Form WWC-5