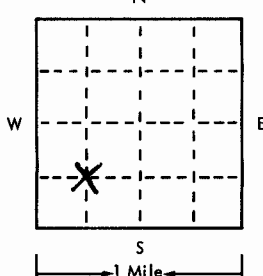


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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 <u>Pratt</u>	Township name <u>Gove</u>	Fraction <u>15W 1/4</u>	Section number <u>24</u>	Town number <u>T29S</u>	Range number <u>R11W</u>
Distance and direction from nearest town or city: <u>6 mi. NE ISABEL</u>				3 Owner of well: <u>Dean Anthony</u>		
Street address of well location if in city:				Address: <u>IUKA, KS.</u>		
Locate with "X" in section below: 				Sketch map: 4 Well depth: <u>83</u> ft. Date of completion <u>1-16</u> Well diameter <u>24</u> in.		
2 Type and color of material				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		
				7 Casing: Material <u>Steel</u> Height: <u>above/below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. to <u>43</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight <u>303</u> lb./ft.		
				8 Screen: Manufacturer <u>W.A. Brown</u> Type <u>Double-slot</u> Dia. <u>1 1/2"</u> Slot gauge <u>1/8"</u> Length <u>40'</u> Set between <u>43</u> ft. and <u>83</u> ft.		
				Fittings: <u>3/8-200</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8-200</u>		
Sand Sand + gravel, clay streaks at 57' and at 70'				9 Static water level: <u>11 1/2</u> ft. below land surface Date <u>1-16-75</u>		
				10 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.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <u>N/A</u> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>0</u> ft.		
				14 Nearest source of possible contamination: ft. <u>None</u> Direction <u>None</u> Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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		
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				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. <u>Clarke Well &amp; Equip., Inc. 185</u> Business name _____ License No. _____ Address <u>Great Bend, KS</u> Signed <u>D.W. Clark</u> Date <u>2-11-75</u> Authorized representative		

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

Form WWC-5