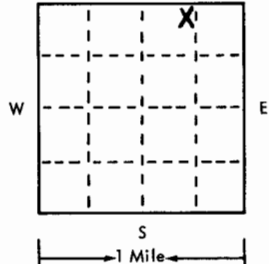


USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY

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>Springvale</u>	Fraction <u>NENWNE</u>	Section number <u>22</u>	Town number <u>T29S</u>	Range number <u>R15W</u>
Distance and direction from nearest town or city: <u>1/8 E. Springvale</u>				3 Owner of well: <u>Ray Hogart</u> Address: <u>Coats, Kansas 67028</u>		
Locate with "X" in section below: 				4 Well depth: <u>60</u> ft. Date of completion <u>12-10-75</u> Well diameter <u>10</u> in.		
2 Type and color of material				5 <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		
				6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
From To				7 Casing: Material <u>RMP</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>34</u> in. Diam. <u>glue</u> Weight <u>260</u> lbs./ft. <u>5</u> in. to <u>60</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth		
				8 Screen: Manufacturer <u>RMP</u> <u>Jess & Lowell</u> Dia. <u>5"</u> Type <u>RMP</u> Slot/gauze <u>1/16</u> Length <u>10'</u> Set between <u>50</u> ft. and <u>60</u> ft. Fittings: <u>1/16 - 3/8</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u>		
earth with coarse gravel				9 Static water level: <u>32</u> ft. below land surface Date <u>12-10-75</u>		
coarse, dry sand & gravel				10 Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.		
clay				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
fine sand				12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
coarse sand				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>10</u> ft.		
(use a second sheet if needed)				14 Nearest source of possible contamination: <u>none</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16 Remarks: elevation				15 Pump: <u>cylinder</u> <input type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u>42</u> ft. capacity <u> </u> g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other <u>Windmill</u>		
				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>Hank Bruse Well Serv.</u> <u>103</u> Business name License No. Address <u>1117 Stout</u> Signed <u>Joey Bruse</u> Date <u>1-20-75</u> Authorized representative		

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

Form WWC-5