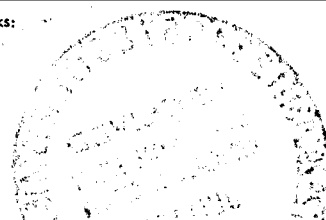


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SEWARD	Fraction NW 1/4 NW 1/4 SE 1/4	Section number 15	Township number T 32 S R 32 E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 6. Bore hole dia. 28 in. Completion date 2-24-77 Well depth 472 ft.		
5. Type and color of material			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 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 _____ lbs./ft. Dia. 16 in. to 472 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. .219			10. Screen: Manufacturer's name LAKEWOOD		
			11. Static water level: _____ mo./day/yr. 220 ft. below land surface Date 11-26-77		
12. Pumping level below land surfaces: _____ ft. after 6 hrs. pumping 1400 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 2200 g.p.m.			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade		
15. Well grouted? YES With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.			16. Nearest source of possible contamination: ft. _____ Direction NO DATA Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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		
18. Elevation:			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. CLEMENS IRRIGATION 330 Business name License No. Address PO Box 499 Liberal, Ks. Signed [Signature] Date 3-5-77 Authorized representative		
19. Remarks: 					

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

Form WWC-5

T 32 R 32 S 15
Sec 15
1/4 1/4 1/4