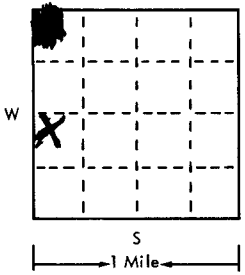


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Clay</u>	Township name <u>Clay NW-NW-SW</u>	Fraction <u>23</u>	Section number <u>10 S</u>	Town number <u>3 E</u>	Range number
Distance and direction from nearest town or city: <u>4 1/2 Mi South</u>			3 Owner of well <u>Clarence Koerner</u>			
Street address of well location if in city: <u>2 Mi West of Wakefield Ks</u>			Address: <u>R.R. 1 Wakefield Ks.</u>			
Locate with "X" in section below: N  W X E S 1 Mile			Sketch map:			4 Well depth: <u>120</u> ft. Date of completion <u>8-20-75</u> Well diameter <u>9</u> in.
			5 <input checked="" 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 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"/>			
			7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2</u> in. Diam. <u>5</u> in. to <u>120</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>5</u> in. to <u> </u> ft. depth			
2 Type and color of material		From	To		8 Screen: Manufacturer <u>Certain-tyed</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>50</u> Length <u>75'</u> Set between <u>100</u> ft. and <u>115</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8"</u>	
<u>top soil</u>		<u>0</u>	<u>2</u>		9 Static water level: <u> </u> ft. below land surface Date <u> </u>	
<u>Red Clay</u>		<u>2</u>	<u>10</u>		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.	
<u>lime Stone</u>		<u>10</u>	<u>15</u>		11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date <u> </u>	
<u>Yellow Shale</u>		<u>15</u>	<u>25</u>		12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
<u>Red Clay & Shale</u>		<u>25</u>	<u>55</u>		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"/> <u> </u> Depth: From <u>0</u> ft. to <u>10</u> ft.	
<u>lime Stone</u>		<u>55</u>	<u>75</u>		14 Nearest source of possible contamination: ft. <u>100</u> Direction <u>South</u> Type <u>Pasture</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Blue Shale</u>		<u>75</u>	<u>80</u>		15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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	
<u>lime Stone</u>		<u>80</u>	<u>85</u>		16 Remarks: elevation	
<u>Blue Shale</u>		<u>85</u>	<u>90</u>		(use a second sheet if needed)	
<u>lime Stone</u>		<u>90</u>	<u>112</u>			
<u>water</u>		<u>112</u>	<u>115</u>			
<u>Limestone</u>		<u>115</u>	<u>120</u>			
16 Remarks: elevation			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>Baathus Drilling 180</u> Business name <u>Jampa Ks</u> License No. <u> </u> Address <u> </u> Signed <u>Paul Baathus</u> Date <u>8-20-75</u> Authorized representative			

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

Form WWC-5