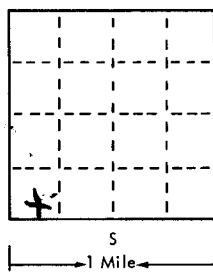


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

WATER WELL RECORD  
KSA 820-1201-1215

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

1 Location of well:	County <b>Clay</b>	Township name <b>Republican</b>	Fraction <b>SW<sup>1</sup>/<sub>4</sub> SW<sup>1</sup>/<sub>4</sub> SW<sup>1</sup>/<sub>4</sub></b>	Section number <b>22</b>	Town number <b>10</b>	Range number <b>11 E</b>
Distance and direction from nearest town or city: <b>5.Mi. South</b>			3 Owner of well: <b>Mrs Mary D. Steppe</b>			
Street address of well location <b>5 mi. East Of Wakefield</b>			Address: <b>Wakefield, Kansas</b>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: <i>CC</i>			4 Well depth: <b>98</b> ft. Date of completion <b>5-21-75</b> Well diameter: <b>9 In. To 10 ft. 9 in. 10 To 98</b>
2 Type and color of material			From	To	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	
<b>Yellow Shale</b>			<b>0</b>	<b>12</b>	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	
<b>Limestone</b>			<b>12</b>	<b>15</b>	7 Casing: <b>Plastic</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. Diam. <b>Class 160</b> Weight <b>160</b> lbs./ft. <b>5</b> in. to <b>98</b> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Yellow Shale and Clay</b>			<b>15</b>	<b>25</b>	8 Screen: Manufacturer <b>Certeed-teed</b> Type <b>Plastic</b> Dia. <b>5 In.</b> Slot/gauze <b>1/4</b> Length <b>40</b> Set between <b>88</b> ft. and <b>98</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/8 Tol/4</b>	
<b>Limestone</b>			<b>25</b>	<b>28</b>	9 Static water level: <b>65</b> ft. below land surface Date <b>5-21-75</b>	
<b>Yellow Shale and Clay</b>			<b>28</b>	<b>40</b>	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.	
<b>Red Shale</b>			<b>40</b>	<b>65</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<b>Some Water</b>			<b>65</b>		12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
<b>Red Shale</b>			<b>65</b>	<b>75</b>	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 <b>0</b> ft. to <b>10</b> ft.	
<b>Limestone</b>			<b>75</b>	<b>92</b>	14 Nearest source of possible contamination: ft. <b>70</b> Direction <b>North</b> Type <b>Barnyard</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Water</b>			<b>92</b>		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	
<b>Blue Shale</b>			<b>92</b>	<b>98</b>	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. <b>Backhus Drilling 180</b> Business name License No. Address <b>Tampa, Kansas</b> Signed <i>Paul Backhus</i> Date <b>5-21-75</b> Authorized representative	

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

Form WWC-5