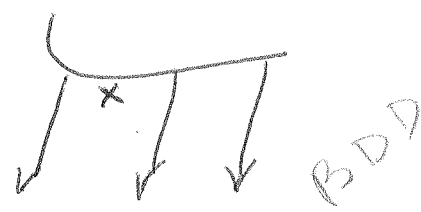
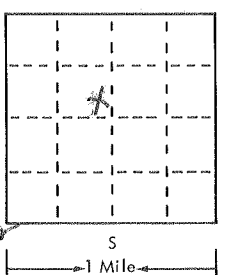
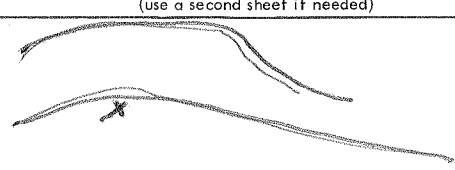


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

WATER WELL RECORD  
KSA 82a-1201-1215  
*SE 1/4 SE 1/4 NW 1/4*  
*SE 1/4 of*

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

1 Location of well:	County <b>Geary</b>	Township name <b>Blakely</b>	Fraction <del>1/4</del> <b>SE 1/4</b>	Section number <b>16</b>	Town number <b>T-13-S</b>	Range number <b>R-6-E</b>
Distance and direction from nearest town or city: <b>10 miles S.E. of J.C. Kansas</b>			3 Owner of well: <b>Jack Swenson</b> Address: <b>R#1 Junction City Kansas 66441</b>			
Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			4 Well depth: <b>70</b> ft. Date of completion <b>4-12-76</b> Well diameter <b>6 1/2</b> in.
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <p><i>SE 1/2 of</i></p> <p><i>N 1/2 in</i></p> <p><i>SE corner</i></p> </div>  </div>			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
			7 Casing: Material <b>Steel</b> Height: <b>above/below</b> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>14"</b> in. Diam. <b>5"</b> Weight _____ lbs./ft. <b>5</b> in. to <b>70</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			8 Screen: Manufacturer <b>Sunflower</b> Type <b>R.M.P.</b> Dia. <b>6"</b> Slot/gauze <b>3/32</b> Length <b>5"</b> <i>635/10750</i> Set between <b>70</b> ft. and <b>60</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>5</b>
2 Type and color of material			From	To	9 Static water level: <b>50</b> ft. below land surface Date <b>4-12-76</b>	
<b>Top Soil</b>			<b>0</b>	<b>4</b>	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>15 g.p.m.</b>	
<b>Limestone</b>			<b>4</b>	<b>7</b>	11 Water sample submitted: <b>Not Applicable</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<b>Shale</b>			<b>7</b>	<b>21</b>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
<b>Blue Shale</b>			<b>21</b>	<b>23</b>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>4</b> ft.	
<b>Hd. Shale</b>			<b>23</b>	<b>50</b>	14 Nearest source of possible contamination: ft. _____ Direction <b>In pasture</b> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Lime &amp; Flint</b>			<b>55</b>	<b>65</b>	15 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	
<b>Shale</b>			<b>65</b>	<b>70</b>	16 Remarks: elevation 	
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>William Moritz, Drilling</b> <b>120</b> Business name _____ License No. _____ Address <b>R#4, Box 59 J.C. Kansas</b> Signed <b>William Moritz</b> Date <b>4-25-76</b> Authorized representative _____			