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

| T | R | EW | sec | 1/4 | 1/4 | 1/4 No. |
|---|---|---|---|---|---|---|
| 15 | 7 | E | 9 | SW | NE | SE NW |

WATER WELL RECORD
KSA 82a-1201-1215

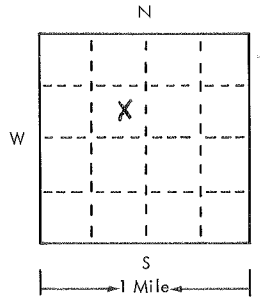
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

| 1 Location of well: | County | Township name | Fraction | Section number | Town number | Range number |
|---|---|---|---|---|---|---|
| | Morris | District 7 Parker | SW NE SE NW | 9 | T 15 | 7 E |

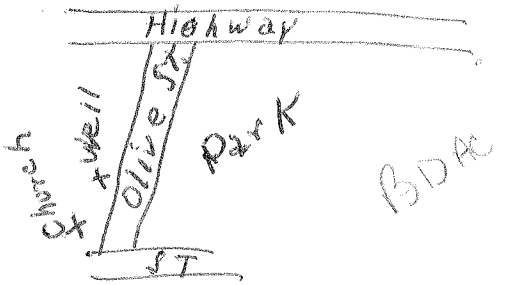
Distance and direction from nearest town or city: Olive St. Parkerville, Ks
Street address of well location if in city: Lot 7, Block 6

3 Owner of well: Parkerville Baptist Church
Address: Charles R. Strom, Pastor Parkerville, Ks

Locate with "X" in section below:




Sketch map:




4 Well depth: 43 ft. Date of completion 9-18-75
Well diameter 6 1/2 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug
[ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry
[ ] Irrigation [ ] Air conditioning [ ] Commercial
[ ] Test well [ ] Human

7 Casing: Material PPM Height: (above)/below
Threaded [ ] Welded [ ] Surface 12 in.
Diam. 6 5/8 in. to 43 ft. depth Weight ____ lbs./ft.
____ in. to ____ ft. depth Drive shoe? [ ] Yes [ ] No

| 2 Type and color of material | From | To |
|---|---|---|
| Soil | 0 | 2 |
| Clay | 2 | 24 |
| Shale | 24 | 27 |
| Hd Shale | 27 | 35 |
| lime flint | 35 | 43 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| (use a second sheet if needed) | | |

8 Screen:
Manufacturer Sunflower
Type RPM Dia. 6 1/2
(Slot)/gauze 18 Length 10'
Set between 33 ft. and 43 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 1/8

9 Static water level:
23 ft. below land surface Date 9-18-75

10 Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 2 g.p.m.

11 Water sample submitted:
[ ] Yes [X] No Date ____

12 Well head completion:
NA
[ ] Pitless adapter [ ] Inches above grade

13 Well grouted? [X] Yes [ ] No
[ ] Neat cement [ ] Bentonite [X] Concrete
Depth: From 4 ft. to 14 ft.

14 Nearest source of possible contamination:
ft. 75' Direction East Type outside toilet
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [ ] Not installed
Manufacturer's name NA
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.m.p.
Type:
[ ] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Certrifugal [ ] Other

16 Remarks: elevation Flat

Topography:
[ ] Hill
[ ] Slope
[ ] Upland
[X] Valley

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.
Moritz Drilling 120
Business name License No.
Address Rt 4 Box 69 Jc. Ks
Signed Jim Moritz Date 9-22-75
Authorized representative

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

Form WWC-5