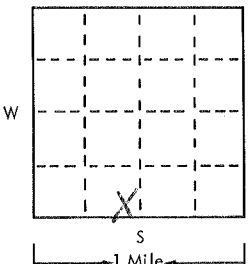


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

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

1 Location of well:	County <u>Lyon</u>	Township name	Fraction <u>SE SE SW</u>	Section number <u>3</u>	Town number <u>16S</u>	Range number <u>10E</u>
Distance and direction from nearest town or city:			3 Owner of well: <u>Jesse Johnson</u>			
Street address of well location if in city:			Address: <u>Buchong, KS</u>			
Locate with "X" in section below: N  S W E 1 Mile			Sketch map: <u>CDD</u>			4 Well depth: <u>50</u> ft. Date of completion <u>8-23-74</u> Well diameter <u>9</u> in.
2 Type and color of material			From		To	
			<u>Clay</u>		<u>0</u>	<u>20</u>
			<u>limestone</u>		<u>20</u>	<u>30</u>
			<u>shale, blue</u>		<u>30</u>	<u>50</u>
					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"/> <u>Human? Stock</u>	
					7 Casing: Material <u>Styrene</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>5</u> in. to <u>20</u> ft. depth Weight <u>    </u> lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					8 Screen: Manufacturer <u>Plastic Jew &amp; Lowe</u> Type <u>Styrene</u> Dia. <u>    </u> Slot/gauze <u>    </u> Length <u>30</u> Set between <u>20</u> ft. and <u>30</u> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material <u>    </u>	
					9 Static water level: <u>25</u> ft. below land surface Date <u>8-23-74</u>	
					10 Pumping level below land surfaces: <u>NA</u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. Estimated maximum yield <u>    </u> g.p.m.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>    </u>	
					12 Well head completion: <u>NA</u> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <u>    </u> <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <u>concrete</u> Depth: From <u>0</u> ft. to <u>15</u> ft.	
					14 Nearest source of possible contamination: <u>Turkey Pens.</u> ft. <u>100</u> Direction <u>W</u> Type <u>    </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					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	
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>    </u> <u>156</u> Business name <u>    </u> License No. <u>    </u> Address <u>13 South Belfry St.</u> Signed <u>    </u> Authorized representative <u>    </u> Date <u>Dec 9-74</u>			

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

Form WWC-5