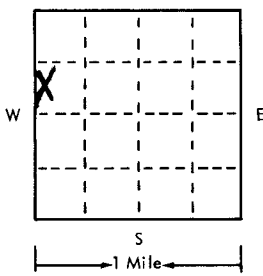


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Morris</i>	Township name <i>Grandview</i>	Fraction <i>SW-1/4-11W</i>	Section number <i>15</i>	Town number <i>16S</i>	Range number <i>5E</i>
Distance and direction from nearest town or city: <i>3 mi East 1/4 South of Herington</i>			3 Owner of well: <i>Glen Kutenbach</i>			
Street address of well location if in city: <i>RR1 Herington, Mo 67449</i>			Address: <i>RR1 Herington, Mo 67449</i>			
Locate with "X" in section below: N  W X E S 1 Mile			Sketch map: <i>BB</i>			4 Well depth: <i>104</i> ft. Date of completion: <i>10-1-95</i> Well diameter: <i>8"</i> in. <i>15</i> in. <i>7"</i> to
2 Type and color of material			From		To	
			<i>Yellow clay</i>		<i>0 6</i>	
			<i>Limestone</i>		<i>6 20</i>	
			<i>Yellow Shale</i>		<i>20 30</i>	
			<i>Red Shale</i>		<i>30 45</i>	
			<i>Limestone</i>		<i>45 60</i>	
			<i>Yellow clay</i>		<i>60 70</i>	
			<i>Limestone</i>		<i>70 85</i>	
			<i>Blue Shale</i>		<i>85 100</i>	
			<i>Yellow Shale</i>		<i>100 105</i>	
<i>Red Shale</i>		<i>105 115</i>				
<i>Limestone</i>		<i>115 125</i>				
<i>Water</i>		<i>125 130</i>				
					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 <i>PVC</i> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>14</i> in. Diam. <i>Class</i> Weight <i>160</i> lbs./ft. <i>2</i> in. to <i>—</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>—</i> in. to <i>—</i> ft. depth	
					8 Screen: Manufacturer: <i>Certain-Seed</i> Type <i>PVC</i> Dia. <i>3"</i> Slot/gauze <i>5</i> Length <i>50'</i> Set between <i>12</i> ft. and <i>130</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>3/8"</i>	
					9 Static water level: <i>—</i> ft. below land surface Date <i>—</i>	
					10 Pumping level below land surfaces: <i>—</i> ft. after <i>—</i> hrs. pumping <i>—</i> g.p.m. <i>—</i> ft. after <i>—</i> hrs. pumping <i>—</i> g.p.m. Estimated maximum yield <i>—</i> g.p.m.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <i>—</i>	
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					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"/> <i>—</i> Depth: From <i>3</i> ft. to <i>13</i> ft.	
					14 Nearest source of possible contamination: <i>Hog Lot</i> ft. <i>200'</i> Direction <i>South</i> Type <i>—</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <i>—</i> Model number <i>—</i> HP <i>—</i> Volts <i>—</i> Length of drop pipe <i>—</i> ft. capacity <i>—</i> 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. <i>Paul Duff</i> <i>180</i> Business name <i>—</i> License No. <i>—</i> Address <i>—</i> Signed <i>Paul Duff</i> Date <i>10-1-95</i> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

16 SE 15 Grandview NW