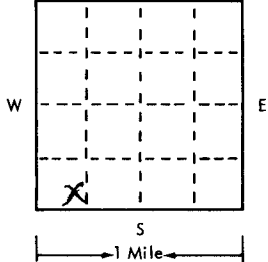


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County MORRIS	Township name	Fraction SW 1/4	Section number 5	Town number 16	Range number 7	
Distance and direction from nearest town or city: 3 N 7/8 W of Wiley Francis corner			3 Owner of well: JOHN ESTES				
Street address of well location if in city:			Address: ODGEN KS BOX 194				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 120 ft. Date of completion Aug 18-75 Well diameter 8 in.	
			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 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 checked="" type="checkbox"/> STOCK				
			7 Casing: Material STEEL Height (above/below) Threading <input type="checkbox"/> Welded <input type="checkbox"/> Surface 2 1/2" in. Dia. _____ Weight _____ lbs./ft. _____ 6 7/8 in. to 20 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!				
2 Type and color of material		From	To		8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
SHALE BLUE		70	95		9 Static water level: 50 ft. below land surface Date _____		
LIME ROCK GRAY		95	105		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.		
SHALE RED		105	115		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
SHALE BLUE		115	120		12 Well head completion: <input type="checkbox"/> Pitless adapter 2 1/2 inches above grade		
OLD WELL				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> concrete Depth: From 0 ft. to 15 ft.			
				14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				15 Pump: Manufacturer's name <input checked="" type="checkbox"/> Not installed 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			
						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. L.H. KRAUSE 156 Business name _____ License No. _____ Address 13 SOUTH BELLEVUE ST Signed [Signature] Date 8/18/75 Authorized representative	

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

Form WWC-5