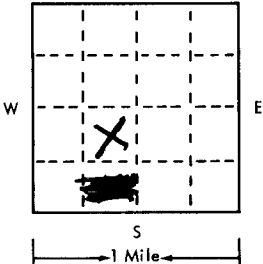


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 820-1201-1215

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 <b>MORRIS</b>	Township name <b># NINE</b>	Fraction <b>NE 1/4 SW 1/4</b>	Section number <b>25</b>	Town number <b>16 SOUTH</b>	Range number <b>7 E</b>		
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: <b>OLIVER BOYER</b> <b>WILSEY KANSAS</b> <b>RT 1</b> Address:				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>110</b> ft. Date of completion <b>10-1-74</b> Well diameter <b>9</b> in.		
2 Type and color of material			From		To			
			<b>Black dirt clay</b>		<b>0 20</b>		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	
			<b>lime rock yellow</b>		<b>20 25</b>		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"/> <b>HUMAN</b>	
			<b>lime rock yellow</b>		<b>25 30</b>		7 Casing: Material <b>STEEL</b> Height: <b>above/below</b> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5"</b> Weight _____ lbs./ft. <b>80</b> in. to <b>80</b> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!	
			<b>lime rock yellow</b>		<b>30 35</b>		8 Screen: Manufacturer <b>JESS &amp; LOWELL</b> Type <b>200</b> Dia. <b>5 inch</b> Slot/gauze <b>SAWBLADE</b> length <b>30 ft</b> Set between <b>30</b> ft. and <b>110</b> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____	
			<b>shale blue</b>		<b>35 65</b>		9 Static water level: <b>60</b> ft. below land surface Date <b>10-1-74</b>	
			<b>shale gray</b>		<b>65 70</b>		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.	
			<b>lime rock white</b>		<b>70 75</b>		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
			<b>lime rock gray</b>		<b>75 80</b>		12 Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
			<b>shale blue</b>		<b>85 90</b>		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <b>Cement</b> Depth: From <b>0</b> ft. to <b>15</b> ft.	
<b>shale red</b>		<b>90 95</b>		14 Nearest source of possible contamination: ft. <b>100</b> Direction <b>WIND</b> Type <b>home</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>shale red</b>		<b>95 100</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 blue</b>		<b>100 105</b>		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>L. H. KRAUSE 156</b> Business name _____ License No. _____ Address: <b>13 S BELFRY ST. COUNCIL GROVE MO</b> Signed: _____ Date: <b>10-12-74</b> Authorized representative				
<b>shale blue</b>		<b>105 110</b>						
(use a second sheet if needed)								
16 Remarks elevation <b>Is a septic tank north of House</b>								
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <b>EAST &amp; NORTH</b> <input type="checkbox"/> Upland <input type="checkbox"/> Valley								

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

Form WWC-5