

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

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

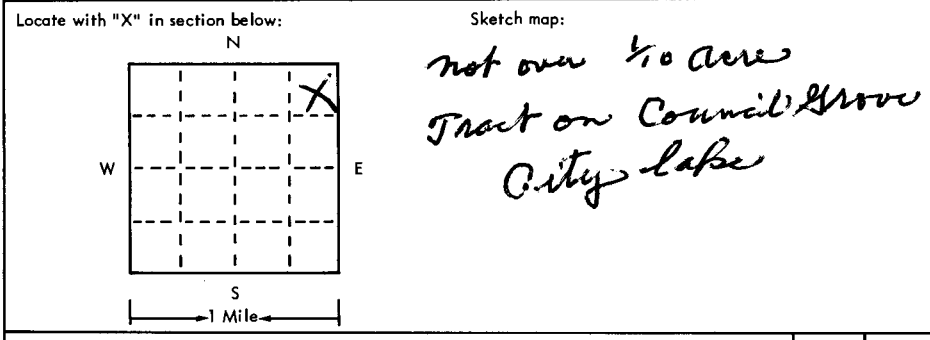
WATER WELL RECORD  
KSA 82a-1201-1215

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

*NE 1/4 NE 1/4*

1 Location of well:	County <b>MORRIS</b>	Township name <b># TWO</b>	Fraction <b>1/10 A</b>	Section number <b>7</b>	Town number <b>16 SOUTH</b>	Range number <b>R 8 E</b>
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Distance and direction from nearest town or city: Street address of well location if in city:	<i>west of Council Grove City Lake</i>	3 Owner of well: Address:	<b>LARRY A BUATTE</b> <b>2205 BROWING MANHATTAN KANSAS</b>
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4 Well depth: <b>60</b> ft. Date of completion: <b>9-12-74</b> Well diameter: <b>9</b> 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 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 checked="" type="checkbox"/> <b>HUMAN</b>
7 Casing: Material: <b>STEEL</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface: <b>12</b> in. Diam. _____ Weight _____ lbs./ft. _____ <b>5</b> in. to <b>30</b> 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
	<i>lime stone rocks</i>	<b>0</b>	<b>25</b>
	<i>lime rock</i>	<b>25</b>	<b>30</b>
	<i>shale blue</i>	<b>30</b>	<b>35</b>
	<i>shale blue</i>	<b>35</b>	<b>40</b>
	<i>shale red</i>	<b>40</b>	<b>45</b>
	<i>shale red</i>	<b>45</b>	<b>50</b>
	<i>shale gray</i>	<b>50</b>	<b>55</b>
	<i>shale gray</i>	<b>55</b>	<b>60</b>
(use a second sheet if needed)			

8 Screen: Manufacturer: <b>JESS &amp; LOWELL</b> Type: <b>200</b> Dia: <b>5 inch</b> <b>Slot/gauze SAW BLADE</b> length: <b>30 ft.</b> Set between: <b>30</b> ft. and <b>60</b> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____
9 Static water level: <b>20</b> ft. below land surface Date: <b>9-12-74</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.
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
12 Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <b>CEMENT</b> Depth: From <b>0</b> ft. to <b>15</b> ft.
14 Nearest source of possible contamination: ft. <b>60</b> Direction: <b>east</b> Type: <b>Trails</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <b>NORTH</b> <input type="checkbox"/> Upland <input type="checkbox"/> Valley
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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</b> <b>156</b> Business name License No. Address: <b>135 BERRY ST. COUNCIL GROVE MO.</b> Signed: <i>[Signature]</i> Date: <b>9-12-74</b> Authorized representative
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Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5