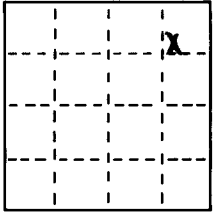


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 MORRIS	Township name TWO	Fraction NE 1/4	Section number 15	Town number 16	Range number 8 EAST of 6th PM																																																		
Distance and direction from nearest town or city: 175 1/2 miles			3 Owner of well: CHAIR HUTCHINSON																																																					
Street address of well location if in city:			Address: FAIRWAY DR																																																					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: <i>HAIR</i>			4 Well depth: 135 ft. Date of completion MAY 30 75 Well diameter _____ in.																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> <tr> <td>LIME ROCK YELLOW</td> <td>0</td> <td>20</td> </tr> <tr> <td>LIME ROCK WHITE</td> <td>20</td> <td>25</td> </tr> <tr> <td>BLUE SHALE</td> <td>25</td> <td>30</td> </tr> <tr> <td>LIME ROCK GRAY</td> <td>30</td> <td>35</td> </tr> <tr> <td>SHALE RED</td> <td>35</td> <td>40</td> </tr> <tr> <td>SHALE RED</td> <td>40</td> <td>45</td> </tr> <tr> <td>LIME GRAY</td> <td>45</td> <td>50</td> </tr> <tr> <td>SHALE BLUE</td> <td>50</td> <td>55</td> </tr> <tr> <td>SHALE BLUE</td> <td>55</td> <td>60</td> </tr> <tr> <td>SHALE BLUE</td> <td>60</td> <td>65</td> </tr> <tr> <td>LIME GRAY</td> <td>65</td> <td>70</td> </tr> <tr> <td>LIME GRAY</td> <td>70</td> <td>75</td> </tr> <tr> <td>LIME GRAY</td> <td>75</td> <td>80</td> </tr> <tr> <td>LIME GRAY</td> <td>80</td> <td>85</td> </tr> <tr> <td>SHALE BLUE</td> <td>85</td> <td>90</td> </tr> <tr> <td>SHALE BLUE</td> <td>90</td> <td>95</td> </tr> </table>			2 Type and color of material	From	To	LIME ROCK YELLOW	0	20	LIME ROCK WHITE	20	25	BLUE SHALE	25	30	LIME ROCK GRAY	30	35	SHALE RED	35	40	SHALE RED	40	45	LIME GRAY	45	50	SHALE BLUE	50	55	SHALE BLUE	55	60	SHALE BLUE	60	65	LIME GRAY	65	70	LIME GRAY	70	75	LIME GRAY	75	80	LIME GRAY	80	85	SHALE BLUE	85	90	SHALE BLUE	90	95	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		
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SHALE BLUE	90	95																																																						
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 checked="" type="checkbox"/> Test well <input type="checkbox"/>			7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth																																																					
			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 _____																																																					
9 Static water level: NONE _____ ft. below land surface Date _____			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: NONE <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____																																																					
12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.																																																					
			14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
15 Pump: <input 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																																																					
			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. John W. Anderson License No. 56 Business name _____ Address 1380 North Parkway Signed _____ Date July 75 Authorized representative																																																					

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

Form WWC-5

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

2nd

WATER WELL RECORD
KSA 82a-1201-1215

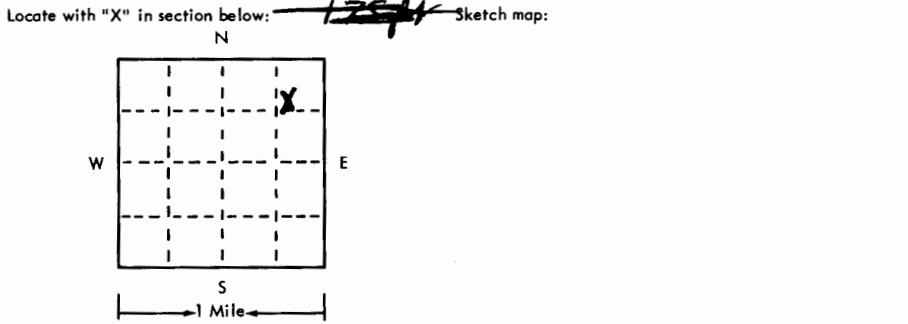
T R EW sec 1/4 1/4 1/4 No.

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

1 Location of well: County **MORRIS** Township name **TWO** Fraction **NE 1/4** Section number **15** Town number **16** Range number **8 E of 16** *4 P.M.*

Distance and direction from nearest town or city: **175 ft west**
Street address of well location if in city:

3 Owner of well: **GLAIR HUTCHINSON**
Address: **FAIRWAY DR**



4 Well depth: **135** ft. Date of completion **May 20-75**
Well diameter _____ in.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well _____

7 Casing: Material _____ Height: above/below
Threaded Welded Surface _____ in.
Diam. _____ Weight _____ lbs./ft. _____
_____ in. to _____ ft. depth Drive shoe? Yes No
_____ in. to _____ ft. depth

2	Type and color of material	From	To
	SHALE BLUE	95	100
	LIME GRAY	100	105
	LIME GRAY	105	110
	SHALE BLUE	110	115
	SHALE BLUE	115	120
	SHALE BLUE	120	125
	SHALE BLUE	125	130
	SHALE BLUE	130	135
<i>Test Hole</i>			
(use a second sheet if needed)			

8 Screen: Manufacturer _____
Type _____ Dia. _____
Slot/gauze _____ Length _____
Set between _____ ft. and _____ ft. _____
Fittings: Gravel pack Yes No Size range of material _____

9 Static water level: **None**
_____ ft. below land surface Date _____

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: **None**
 Yes No Date _____

12 Well head completion: Pitless adapter Inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite _____
Depth: From _____ ft. to _____ ft.

14 Nearest source of possible contamination:
ft. _____ Direction _____ Type _____
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation

Topography:
 Hill
 Slope *west*
 Upland
 Valley

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.
Glair Hutchinson
Business name _____ License No. _____
Address **13 South Duffin St**
Signed *Glair Hutchinson* Date **July 1-75**
Authorized representative

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