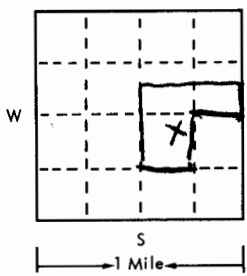


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 # ONE	Fraction 2 NE 1/4	Section number 2	Town number 16	Range number 9 E	
Distance and direction from nearest town or city: EAST ON HWY 50			3 Owner of well: LOUIS HERINK				
Street address of well location if in city: NONE			Address: COUNCIL GROVE, KANSAS RFD 3				
Locate with "X" in section below: 			Sketch map: WELL NEXT HOUSE			4 Well depth: 40 ft. Date of completion DEC 2-74 Well diameter 9 in.	
2			Type and color of material		From	To	
			<i>black dirt clay</i>		0	15	
			<i>shale blue</i>		15	20	
			<i>shale blue</i>		20	25	
			<i>lime rock yellow</i>		25	30	
			<i>lime rock yellow</i>		30	35	
<i>shale blue</i>		35	40	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"/> HUMAN			
				7 Casing: Material STYREN Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 15 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			
				8 Screen: Manufacturer JESS + LOWELL Type STYREN Dia. 5 inches Slot gauze SAVRIADE length 10 feet Set between 30 ft. and 40 ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____			
				9 Static water level: 20 ft. below land surface Date DEC 2-74			
				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 15 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 12 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"/> CEMENT Depth: From 0 ft. to 15 ft.			
				14 Nearest source of possible contamination: ft. 75' Direction SOUTH Type WELL 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				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. LHKRAUSE 150 Business name _____ License No. _____ Address 13 SOUTH BELFRY ST Signed LHKRAUSE Date DEC 12-74 Authorized representative			