

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

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

WATER WELL RECORD  
KSA 82a-1201-1215

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

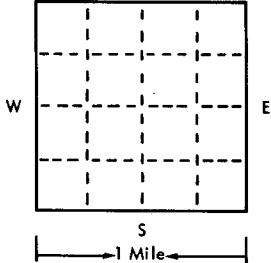
1 Location of well:	County <u>Osage</u>	Township name <u>NE 1/4 NE 1/4 NE 1/4</u>	Fraction	Section number <u>S19</u>	Town number <u>T17S</u>	Range number <u>17E</u>																																																															
Distance and direction from nearest town or city: <u>2 MI W. I.M.I.S</u>			3 Owner of well: <u>Dean Lions Lewis</u>																																																																		
Street address of well location if in city: <u>R1 QUENEMO KAN</u>			Address: <u>Quenemo RRI Kansas</u>																																																																		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>214</u> ft. Date of completion <u>6/30/75</u> Well diameter <u>6</u> in.																																																																	
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16 Remarks: elevation <u>1020'</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <u>Edgar Swank</u> <u>124</u> Business name _____ License No. _____ Address <u>Ottawa Kansas</u> Signed <u>Edgar Swank</u> Date <u>6-30-75</u> Authorized representative																																																																			

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Distance and direction from nearest town or city:				3 Owner of well: <b>DEAN EIOUS</b>		
Street address of well location if in city:				Address: <b>QUENEMO KANS. RRI</b>		
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			
2 Type and color of material			From	To		
			lime	84	86	
			shale	86	92	
			lime	92	95	
			shale	95	130	
			grey sanding	130	155	
			sand shale	155	217	
			lime	217	222	
			shale	222	228	
			grey sand	228	244	
(use a second sheet if needed)						
16 Remarks: elevation			4 Well depth: <b>244</b> ft. Date of completion <b>6-30-75</b> Well diameter <b>6 1/4</b> in.			
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Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5