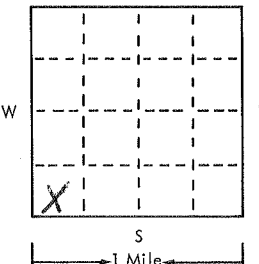


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 LYON | Township name SW 1/4 SW 1/4 | Fraction SW 1/4 | Section number 34 | Town number 19 S | Range number 10 E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------|---------------------------------------|---|-----------------------------|----------------------------|---|--|------------------------|----------|-----------|--|---------------------|-----------|-----------|--|-------------------|-----------|-----------|--|------------------|-----------|-----------|--|-----------------------|-----------|-----------|--|-------------------|-----------|-----------|--|-------------------|-----------|-----------|--|-------------------|-----------|-----------|--|-----------------------|-----------|-----------|--|-----------------------|-----------|-----------|--|-------------------|-----------|-----------|---|--|--|
| Distance and direction from nearest town or city: SW of Emporia 9 miles | | | 3 Owner of well: LARRY PAPE E of 6680 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street address of well location if in city: | | | Address: 7702 W. Hwy 50 # 405 EMPORIA, KS. 6680 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Locate with "X" in section below:  | | | Sketch map: | | | 4 Well depth: 80 ft. Date of completion 10-19 Well diameter 9 in. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>2</th><th>Type and color of material</th><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td>black Dirt Clay</td><td>0</td><td>15</td></tr><tr><td></td><td>rocks yellow</td><td>15</td><td>25</td></tr><tr><td></td><td>shale blue</td><td>25</td><td>34</td></tr><tr><td></td><td>shale red</td><td>34</td><td>40</td></tr><tr><td></td><td>lime rock gray</td><td>40</td><td>45</td></tr><tr><td></td><td>shale blue</td><td>45</td><td>50</td></tr><tr><td></td><td>shale blue</td><td>50</td><td>55</td></tr><tr><td></td><td>shale blue</td><td>55</td><td>60</td></tr><tr><td></td><td>lime rock gray</td><td>60</td><td>65</td></tr><tr><td></td><td>lime rock gray</td><td>65</td><td>70</td></tr><tr><td></td><td>shale blue</td><td>70</td><td>80</td></tr></tbody></table> | | | 2 | Type and color of material | From | To | | black Dirt Clay | 0 | 15 | | rocks yellow | 15 | 25 | | shale blue | 25 | 34 | | shale red | 34 | 40 | | lime rock gray | 40 | 45 | | shale blue | 45 | 50 | | shale blue | 50 | 55 | | shale blue | 55 | 60 | | lime rock gray | 60 | 65 | | lime rock gray | 65 | 70 | | shale blue | 70 | 80 | 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 | | |
| | | | 2 | Type and color of material | From | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | black Dirt Clay | 0 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | rocks yellow | 15 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | shale blue | 25 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | shale red | 34 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | lime rock gray | 40 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | shale blue | 45 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | shale blue | 50 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | shale blue | 55 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | lime rock gray | 60 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | lime rock gray | 65 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | shale blue | 70 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Casing: Material stycr Height: (above) /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 30 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Screen: Manufacturer JASS & LOWELL Type 200 Dia. 5" Slot/gauze SAW BLADE Length 50' Set between 30 ft. and 8 ft. _____ Fittings: _____ Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Static water level: 25 ft. below land surface Date 10-19-77 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1 g.p.m. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Well head completion: 12 <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 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: IN PASTURE ft. _____ Direction NO NE Type PASTURE 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 _____ A pasture well; nothing around the well. Topography: <input checked="" type="checkbox"/> Hill to North. <input 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. L.H. KRAUSE 156 Business name _____ License No. _____ Address 13 South Pulley St. Signed R.H. Blum Date Dec 12 Authorized representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |