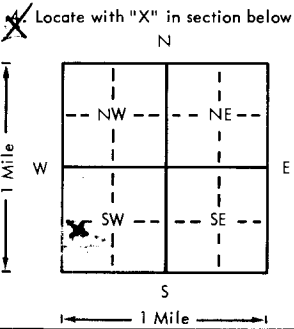
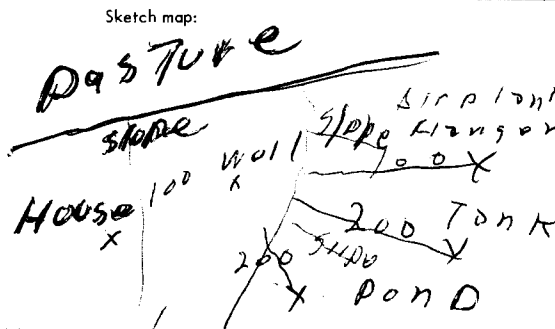


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well: County: <b>E/K</b> Section number: <b>5</b> Township number: <b>29</b> Range number: <b>12</b>																									
2. Distance and direction from nearest town or city: <b>COUNTRY ROAD 7 1/2 miles SOUTH WEST FALL RIVER KANS</b> Street address of well location if in city:																									
3. Owner of well: <b>JIM CLOGSTON</b> R.R. or street: City, state, zip code: <b>FALL RIVER KANS 67045</b>																									
4. Locate with "X" in section below:  Sketch map: 																									
6. Bore hole dia. <b>10</b> in. Completion date <b>11-10-78</b> Well depth <b>50</b> ft.																									
7. <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																									
8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other																									
9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface <b>2 1/2</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>6</b> in. to <b>49</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>295</b>																									
5. Type and color of material																									
<table border="1"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>Surface Soil</td> <td>0</td> <td>3</td> </tr> <tr> <td>Clay</td> <td>3</td> <td>10</td> </tr> <tr> <td>Shale Dark</td> <td>10</td> <td>14</td> </tr> <tr> <td>Shale light</td> <td>14</td> <td>17</td> </tr> <tr> <td>Red bed</td> <td>17</td> <td>20</td> </tr> <tr> <td>lime carry waste</td> <td>20</td> <td>27</td> </tr> <tr> <td>lime</td> <td>27</td> <td>49</td> </tr> </tbody> </table>			From	To	Surface Soil	0	3	Clay	3	10	Shale Dark	10	14	Shale light	14	17	Red bed	17	20	lime carry waste	20	27	lime	27	49
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10. <input checked="" type="checkbox"/> Screen: Manufacturer's name <b>Perforated</b> Type <b>PVC</b> Xa. <b>6 in</b> Slot/gauze <b>1/4</b> Length <b>30 ft</b> Set between <b>49</b> ft. and <b>19</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4</b>																									
11. Static water level: _____ mo./day/yr. <b>20</b> ft. below land surface Date <b>11-10-78</b>																									
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after <b>NA</b> hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.																									
13. Water sample submitted: <b>NO</b> mo./day/yr. Yes _____ No _____ Date _____																									
14. Well head completion: _____ Pitless adapter <b>12'</b> Inches above grade																									
15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.																									
16. Nearest source of possible contamination: ft. <b>200</b> Direction <b>W</b> Type <b>Pond</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____																									
17. Pump: Manufacturer's name <b>NO</b> Not installed Model number _____ HP _____ Valts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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																									
(Use a second sheet if needed)																									
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>owner will set pump &amp; installed well pit. He knows all the rules &amp; regulation</b> <b>Jim Clogston</b>																								
20. 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>Jeffrey Well Drilling</b> License No. <b>315</b> Business name _____ Address <b>Box 346 Eureka Kan 67045</b> Signed <b>Jack B. Jeffrey</b> Date <b>11-10</b> Authorized representative																									

T 29  
 R 12  
 E  
 S  
 Sec 5  
 1/4 NW 1/4 SW

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5