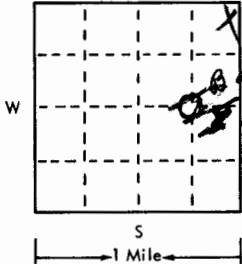


90
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

413 34
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 Washington	Township name Barnes	Fraction SE 1/4	Section number 16	Town number 4	Range number 5 E	
Distance and direction from nearest town or city: 1/2 mi East of Barnes			Owner of well: FRED BROWN				
Street address of well location if in city: Barnes			Address: Barnes, Kansas				
Locate with "X" in section below: 			Sketch map:			4 Well depth: 101 ft. Date of completion April 10 Well diameter 4 in.	
2 Type and color of material			From			To	
			Top Soil			0	6
			Yellow Clay			7	27
			Yellow Limestone			28	32
			Red Clay			33	82
Coarse Limestone water at 90'			83	95			
Blue Shale			96	101			
						8 Screen: Manufacturer Pump Co Type RMP Dia. 3" I.D. Slot/gauze 80 Length 20' Set between 80 ft. and 101 ft. Fittings: Gravel pack ☒ Yes ☐ No Size range of material 1/4" X 1/4"	
						9 Static water level: 85 ft. below land surface Date Apr 10-75	
						10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 10 g.p.m. Boyle test	
						11 Water sample submitted: ☐ Yes ☒ No Date ____	
						12 Well head completion: N A ☐ Pitless adapter ☐ Inches above grade	
						13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ _____ Depth: From 20 ft. to 9 ft.	
						14 Nearest source of possible contamination: ft. 75 Direction east Type Septic tank Well disinfected upon completion? ☒ Yes ☐ No	
						15 Pump: ☒ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other	
16 Remarks: elevation 1300' Topography: ☐ Hill ☐ Slope ☐ 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. Strader Drilling Co. 137 Business name Blue Rapids License No. _____ Address Harold Strader Date 4-12-75 Signed Harold Strader Authorized representative				

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

Form WWC-5