

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

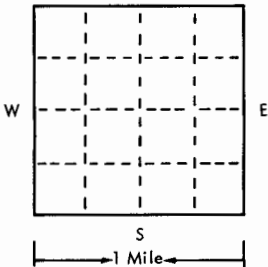
Page No. 1

WATER WELL RECORD
KSA 82a-1201-1215

NW NESE

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: Pott	Township name: Shannon	Fraction:	Section number: 15	Town number: T7S	Range number: R8E
Distance and direction from nearest town or city: In Fostoria				3 Owner of well: Bernard Striffler			
Street address of well location if in city:				Address: Fostoria Kans.			
Locate with "X" in section below:		Sketch map:		4 Well depth: 110 ft. Date of completion 8-19-75 Well diameter 5 in.			
				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			
				7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. 110 Diam. 5 in. to 110 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			
2		Type and color of material		From	To	8 Screen: Manufacturer Princo Special Type _____ Dia. 5 Slot/gauze 80 Length 40' Set between 70 ft. and 110 ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
		Brown Clay		0	5	9 Static water level: 90 ft. below land surface Date 8-19-75	
		Loose Retard Rock - Brn. Clay		5	10	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
		Brown Clay		10	15	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
		Lime Rock		15	20	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
		" " + Brown Clay		20	25	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 20 ft.	
		Yellow Clay		25	30	14 Nearest source of possible contamination: ft. _____ Direction _____ Type none Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		" " Sandy		30	35	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	
		" " "		35	40	16 Remarks: elevation 1960 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	
		" " "		40	45	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. Harpers Drilling Service 176 Business name _____ license No. _____ Address Blue Rapids, KS. Signed E. Harper Date 8-19-75 Authorized representative	
		Blue Clay		45	50		
		" Shale		50	55		
		Lime Rock		55	60		
		" " + Shale		60	65		
		White Lime Rock		65	70		
		Yellow " "		70	75		
		" " " (use a second sheet if needed)		75	80		

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

Form WWC-5

Rest of Log on Page 2

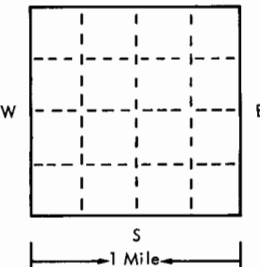
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Page 2

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 Pottawatomie	Township name SHANNON	Fraction	Section number 15	Town number T7S	Range number R8E
Distance and direction from nearest town or city:				3 Owner of well: Bernard Striffler			
Street address of well location if in city:				Address: Fostoria, KS.			
Locate with "X" in section below:		Sketch map:		4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in.			
				5 <input 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 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 type="checkbox"/> _____			
				7 Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ in. to _____ ft. depth! Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth!			
2		Type and color of material		From	To	8 Screen:	
		Blue Shale + Lime Rock		80	85	Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: _____ Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
		Lime Rock + Flint		85	90	9 Static water level: _____ ft. below land surface Date _____	
		" " + Brown Shale		90	95	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
		" " "		95	100	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
		Lime Rock Pours		100	105	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
		" " + Blue Shale		105	110	13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
						14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ 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	
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. Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

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Form WWC-5