

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

9 4 E / SE SE SE  
T R EW sec 1/4 1/4 1/4 No.

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 <b>Riley</b>	Township name	Fraction <b>SESESE</b>	Section number <b>1</b>	Town number <b>T9S</b>	Range number <b>R4E</b>	
Distance and direction from nearest town or city: Street address of well location if in city:			3 Owner of well: <b>Department of the Army</b> Address: <b>Procurement Dixision DIO</b> <b>P.O. Box 9174 Fort Riley</b>				
Locate with "X" in section below: N W E S 1 Mile		Sketch map: <b>Southeast 1/4 of southeast 1/4</b>  <b>of southeast 1/4</b>		4 Well depth: <b>142'</b> ft. Date of completion <b>8/11/75</b> Well diameter: <b>10 3/4</b> in.			
2		Type and color of material		From		To	
		<b>Top Soil</b>		<b>0</b>		<b>2</b>	
		<b>Rocky</b>		<b>2</b>		<b>5</b>	
		<b>Gray shale &amp; rock layers</b>		<b>5</b>		<b>15</b>	
		<b>Gray shale</b>		<b>15</b>		<b>25</b>	
		<b>Rock</b>		<b>25</b>		<b>27</b>	
		<b>Gray shale</b>		<b>27</b>		<b>36</b>	
		<b>Red shale</b>		<b>36</b>		<b>69</b>	
		<b>Brown Lime Rock</b>		<b>69</b>		<b>85</b>	
		<b>Soft yellow-green shale</b>		<b>85</b>		<b>91</b>	
		<b>Soft lime rock layers</b>		<b>91</b>		<b>94</b>	
		<b>Lime rock</b>		<b>94</b>		<b>98</b>	
		<b>Brown limestone</b>		<b>98</b>		<b>122</b>	
		<b>Yellow lime Water</b>		<b>122</b>		<b>132</b>	
		<b>Blue rock &amp; blue Shale</b>		<b>132</b>		<b>142</b>	
		(use a second sheet if needed)					
16 Remarks: elevation <b>1325</b> 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. <b>Blue Valley Drilling 2364</b> Business name License No. Address <b>Blue Rapids, Kansas</b> Signed <b>Gerald Stouder</b> Authorized representative			

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

Form WWC-5