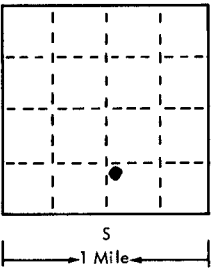


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

10 25 E NW 25
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 Graham	Township name Bryant	Fraction NW SW SE 4	Section number 25	Town number 10	Range number 25		
Distance and direction from nearest town or city: 2 South			3 Owner of well: Clarence Pfeifer					
Street address of well location if in city: 1 1/2 East St. Peter			Address: Morland Ks.					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 57 ft. Date of completion 10-27-82 Well diameter 5 in.		
			5 <input type="checkbox"/> Cable tool <input checked="" 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 _____ Height: above 12 Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth!			8 Screen: Manufacturer Cer mac Type Styrene Dia. 5" Slot 1/16 Length _____ Set between 47 ft. and 57 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/16		
2			Type and color of material			9 Static water level: 43 ft. below land surface Date 10-27-82		
			From To			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.		
Clay			0 43			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Sand stone rock			43 45			12 Well head completion: 12 <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
Clay & fine sand			45 47			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 _____ ft. to _____ ft.		
Sand			47 50			14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Flint rock & yellow oker			50 57			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		
Blue shale			57			16 Remarks: elevation		
			(use a second sheet if needed)			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. Buck's Water Well 290 Business name _____ License No. _____ Address Morland Ks Signed Bernard Minner Date 10/27/82 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley								

10s 25W-25 NWSE

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

Form WWC-5