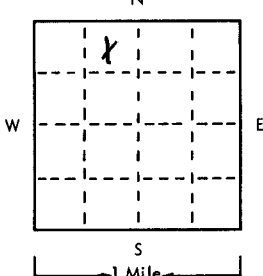


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

10 25 W NE 1/4 27  
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>Graham</b>	Township name <b>Bryant</b>	Fraction <b>NE 1/4 NW 1/4</b>	Section number <b>27</b>	Town number <b>10</b>	Range number <b>25</b>		
Distance and direction from nearest town or city: <b>2 South <del>of</del></b>			3 Owner of well: <b>Lloyd Pfeifer</b>					
Street address of well location if in city: <b>1/2 West of St. Peter</b>			Address: <b>Morland, KS.</b>					
Locate with "X" in section below: N 		Sketch map:		4 Well depth: <b>89</b> ft. Date of completion <b>12/10/82</b> Well diameter <b>5</b> in.				
2 Type and color of material		From		To				
		Clay		8		60		
		Sand		60		62		
		Clay		62		70		
		Sand		70		75		
		Clay		75		85		
		Sand		85		87		
Yellow Oxer		87		89				
(use a second sheet if needed)								
16 Remarks: elevation		Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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 _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> 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 <b>Cer mac.</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>3/16</b>				
				9 Static water level: <b>67</b> ft. below land surface Date <b>12/10</b>				
				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.				
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____				
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade				
				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 <b>5</b> ft. to <b>15</b> ft.				
				14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
				15 Pump: <input checked="" 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				
				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>Buck's Water Well 290</b> Business name _____ License No. _____ Address <b>Morland, KS</b> Signed <b>Bernard Pfeifer</b> Date <b>12/10/82</b> Authorized representative				

10 25 W - 27 NE NW

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

Form WWC-5