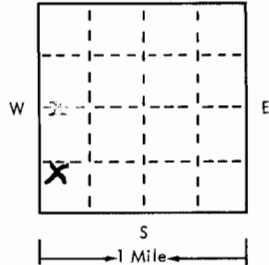
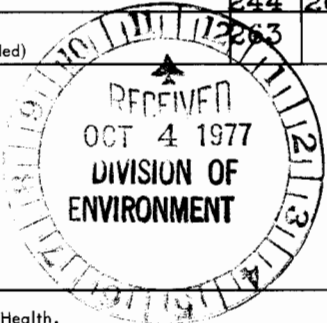


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Barton	Township name Beaver	Fraction N W 1/4 SW 1/4	Section number 10	Town number 16 S	Range number 12 W
Distance and direction from nearest town or city: 7 N 4 W 1 N 2 W 2 1/4 N of Claflin Kansas 67525			3 Owner of well: Albert Riemann Rural Claflin Kansas 67525			
Locate with "X" in section below: N  W ——— E S 1 Mile			Sketch map:		4 Well depth: 263 ft. Date of completion 9-6-77 Well diameter 10 in.	
2 Type and color of material			From		To	
			From		To	
Surface			0		2 9/64	
Clay brown			2		11	
Shale blue & hard shells			11		30	
" " "			30		127	
" gray sandy			127		133	
" " "			133		158	
" " sandy (little water)			158		163	
" brown light			163		169	
" " "			169		199	
sand rock hard (water 1BB per hour)			199		208	
red bed			208		214	
Shale brown			214		226	
" " light			226		240	
" " " sandy			240		244	
sand rock (water)			244		263	
shale gray (use a second sheet if needed)			244		263	
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <i>to the north</i> <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. Jezeck Water Well Drilling Business name Box 39 License No. _____ Address Holyrood, Kansas 67450 Signed <i>Jesse Jezeck</i> Date 9-30-77 Authorized representative	
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 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 checked="" type="checkbox"/> Stock Well 7 Casing: Material PVC Height: above below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 24 in. Diam. 5 in. to 263 ft. depth Weight 2.27 lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8 Screen: Manufacturer PVC Dia. 5" Type drilled Dia. _____ Slot/gauze _____ Length 20' Set between 243 ft. and 263 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2" 9 188 water level: _____ ft. below land surface Date 9-6-77 10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m. bailed 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ 12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 40 ft. 14 Nearest source of possible contamination: barn yard ft. 200 Direction north Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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						

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

Form WWC-5