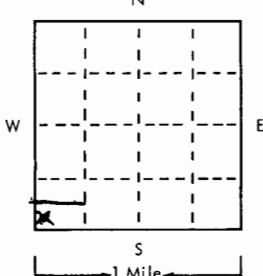


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

17 / 17 / W3 / SWSW
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 Barton	Township name Independent	Fraction S 1/2 S W	Section number 31	Town number 17	Range number 11W
Distance and direction from nearest town or city: 5 miles west of Claflin, Kansas			3 Owner of well: Mr. Marvin Kaiser Route Claflin, Kansas 67525			
Street address of well location if in city:			Address:			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <u>100</u> ft. Date of completion <u>6-22-75</u> Well diameter <u>5</u> in.
2 Type and color of material			From		To	
			Clay brown		0	5
sand rock brown		5	17	8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze <u>drilled</u> Length <u>20 ft</u> Set between <u>80</u> ft. and <u>100</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/2</u>		
sand rock 5 gal per minute (fresh)		17	24	9 Static water level: <u>20</u> ft. below land surface Date <u>6-22-75</u>		
clay yellow		24	35	10 Pumping level below land surfaces: <u>20</u> ft. after <u>1</u> hrs. pumping <u>15</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>15</u> g.p.m.		
Shale brown		35	40	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
" gray		40	44	12 Well head completion: <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade		
" light gray		44	76	13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>50</u> ft.		
" brown		76	81	14 Nearest source of possible contamination: <u>none</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
sand rock (water) 15 gal per min		81	96	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Jacuzzi</u> Model number <u>1s4b</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>93</u> ft. capacity <u>13</u> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
shale brown		96	100	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. Jezek Water Well Drlg 191 Business name _____ License No. _____ Address <u>Holyrood, Kansas 6745</u> Signed <u>[Signature]</u> Date <u>7-12-75</u> Authorized representative		
16 Remarks: elevation						
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5