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

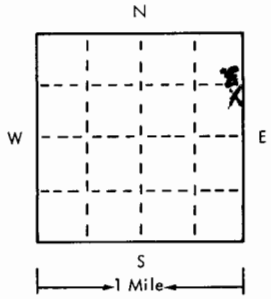
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Barton	Cheyenne	NE 1/4 NE 1/4 SE 1/4	9	17	12

Distance and direction from nearest town or city: 2-West 1 3/4 N
Street address of well location if in city: Of odin Kansas

3 Owner of well: Nick Boor
Address: Odin, Kansas 67562

Locate with "X" in section below:



Sketch map:

2 Type and color of material	From	To
Surface	0	3
clay brown	3	25
" " little water	25	40
muddy clay & gravel (water)	40	47
clay brown	47	50

(use a second sheet if needed)

4 Well depth: 50 ft. Date of completion 5-22-78
Well diameter 9 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug [ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry [ ] Irrigation [ ] Air conditioning [ ] Commercial [ ] Test well [ ]

7 Casing: Material PVC Height: above/~~below~~
Threaded [ ] Welded [X] Surface 8 in.
Diam. 5 in. to 50 ft. depth Weight 2.77 lbs./ft.
___ in. to ___ ft. depth Drive shoe? [ ] Yes [X] No

8 Screen:
Manufacturer ___
Type ___ Dia. ___
Slot/gauze drilled Length 17'
Set between 33 ft. and 50 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 1/4

9 Static water level: 20 ft. below land surface Date 5-22-78

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping 20 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 20 g.p.m.

11 Water sample submitted:
[ ] Yes [X] No Date ___

12 Well head completion:
[ ] Pitless adapter [ ] Inches above grade

13 Well grouted? [X] Yes [ ] No
[ ] Neat cement [X] Bentonite [ ] ___
Depth: From 0 ft. to 30 ft.

14 Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? [ ] Yes [X] No

15 Pump: [X] Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
[ ] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Certrifugal [ ] Other

16 Remarks: elevation

Topography:
[ ] Hill
[X] Slope to the west
[ ] Upland
[ ] 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.
Business name Jezek water well Drilling License No. 191
Address Holyrood Kansas
Signed Joe Jezek Date 5-9-78
Authorized representative

17 12W 9 NE NE SE

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

Form WWC-5

677-H