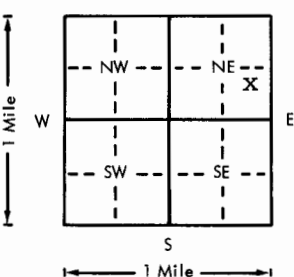


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

1. Location of well:	County <b>Barton</b>	Fraction <b>SW 1/4 SE 1/4 NE 1/4</b>	Section number <b>8</b>	Township number <b>T 18 S R 11 EW</b>	Range number <b>11 EW</b>
2. Distance and direction from nearest town or city: <b>2 1/2 miles Southwest of Claflin, KS</b> Street address of well location if in city:			3. Owner of well: <b>Joe Jordon</b> R.R. or street: <b>Route 1</b> City, state, zip code: <b>Claflin, KS 67525</b>		
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <b>9</b> in. Completion date <b>6-23-77</b> Well depth <b>130</b> ft.
Top soil			0	5	7. <input 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 checked="" type="checkbox"/> Reverse rotary
Fine sand			5	10	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
White clay & limestone			10	53	9. Casing: Material <b>styrene</b> Height: <b>12</b> in. Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>1.5</b> lbs./ft. Dia. <b>5</b> in. to <b>100</b> ft. depth Wall thickness: inches or Dia. <b>5</b> in. to <b>100</b> ft. depth gage No. <b>200#</b>
Clay & limestone			53	90	10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>Styrene 200</b> Dia. <b>5"</b> <input checked="" type="checkbox"/> Slot gauze <b>1/8</b> Length <b>30'</b> Set between <b>100</b> ft. and <b>130</b> ft. ft. and <b>130</b> ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <b>3/8-200</b>
Dakota drift & Dakota clay			90	100	11. Static water level: <b>10</b> ft. below land surface Date <b>6-23-77</b> mo./day/yr.
Sandstone			100	107	12. Pumping level below land surfaces: <b>N/C</b> ft. after _____ hrs. pumping _____ g.p.m. ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
Clay & sandstone streaks			107	120	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
Sandstone & clay streaks & hard sandstone @ <b>128'</b>			120	130	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade
(Use a second sheet if needed)					15. Well grouted? <input checked="" type="checkbox"/> yes With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
					16. Nearest source of possible contamination: <b>FIELD</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. 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
18. Elevation:	19. Remarks:		20. 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>Clarke Well &amp; Eq., Inc. 185</b> Business name _____ License No. _____ Address <b>Great Bend, KS 67530</b> Signed <b>[Signature]</b> Date <b>7-15-77</b> Authorized representative		

T 18 S R 11 E Sec 8 SW 1/4 NE

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5