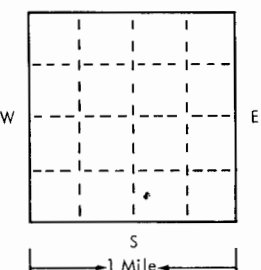


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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 <i>Butler</i>	Township name	Fraction <i>SW 1/4</i>	Section number <i>8</i>	Town number <i>36</i>	Range number <i>13</i>
Distance and direction from nearest town or city:				3 Owner of well: <i>Warren Schartz</i>		
Street address of well location if in city:				Address: <i>Elmwood, Mo.</i>		
Locate with "X" in section below: N  W S E 1 Mile				Sketch map:		
2				4 Well depth: <i>25</i> ft. Date of completion <i>6-6-55</i> Well diameter <i>8</i> in.		
Type and color of material				5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
From				6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐		
To				7 Casing: Material <i>galv.</i> Height: (above/below) Threaded ☐ Welded ☒ Surface <i>18</i> in. Diam. <i>4</i> in. to <i>4 1/2</i> ft. depth Weight <i>166</i> lbs./ft. Drive shoe? ☐ Yes ☒ No		
<i>Sandy top soil</i>				8 Screen: Manufacturer <i>W. & S.</i> Type <i>galv.</i> Dia. <i>4</i> Slot/gauze <i>1/4</i> Length <i>16</i> Set between <i>48</i> ft. and <i>58</i> ft. Fittings: <i>3-3/8</i> Gravel pack ☒ Yes ☐ No Size range of material <i>20-40</i>		
<i>Fine sand</i>				9 Static water level: <i>31</i> ft. below land surface Date <i>6-6-55</i>		
<i>Brown sandy clay</i>				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.		
<i>Sand & gravel - clay, brown, blue</i>				11 Water sample submitted: ☐ Yes ☒ No Date ____		
<i>Blue clay</i>				12 Well head completion: ☐ Pitless adapter ☒ Inches above grade		
				13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ Depth: From <i>1</i> ft. to <i>16</i> ft.		
				14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ☐ Yes ☐ No		
				15 Pump: ☒ Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other		
16 Remarks: elevation				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. <i>Rosemary Davis</i> License No. <i>134</i> Address <i>Elmwood, Mo.</i> Signed <i>Frederick R. Ruck</i> Date <i>6-3-55</i> Authorized representative		
Topography: ☐ Hill ☐ Slope ☒ Upland ☐ Valley						

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

Form WWC-5