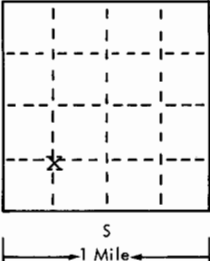


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <u>Stafford</u>	Township name <u>Byron</u>	Fraction <u>CSW<math>\frac{1}{4}</math></u>	Section number <u>9</u>	Town number <u>T21S</u>	Range number <u>R12W</u>
Distance and direction from nearest town or city: <u>9 mi. North of Hudson, Kansas</u> Street address of well location if in city:				3 Owner of well: Address: <u>Harold DeWerff</u> <u>Ellinwood, Kansas</u>		
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		4 Well depth: <u>85</u> ft. Date of completion <u>2-20-75</u> Well diameter <u>24</u> in.
2 Type and color of material				From	To	5 <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
<u>Top soil</u>				<u>0</u>	<u>4</u>	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>
<u>Gray &amp; brown clay &amp; gravel streaks 6-11</u>				<u>4</u>	<u>14</u>	7 Casing: Material <u>Steel</u> Height: <u>above</u> below Threading: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. to <u>44</u> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>16</u> in. to <u>44</u> ft. depth! Weight <u>30.3</u> lbs./ft.
<u>Brown clay &amp; limestone streaks</u>				<u>14</u>	<u>44</u>	8 Screen: Manufacturer <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>16"</u> <u>Slot</u> gauze <u>1/8</u> Length <u>40'</u> Set between <u>44</u> ft. and <u>84</u> ft. Fittings: <u>3/8-200</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>      </u>
<u>Sand, gravel &amp; thin clay streak at 63'</u>				<u>44</u>	<u>82</u>	9 Static water level: <u>8</u> ft. below land surface Date <u>2-20-75</u>
<u>Green clay</u>				<u>82</u>	<u>85</u>	10 Pumping level below land surfaces: <u>N/C</u> <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. Estimated maximum yield <u>      </u> g.p.m.
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>      </u>
						12 Well head completion: <input type="checkbox"/> Pitless adapter <u>10</u> inches above grade
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.
						14 Nearest source of possible contamination: <u>None known</u> ft. <u>      </u> Direction <u>      </u> Type <u>      </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>      </u> Model number <u>      </u> HP <u>      </u> Volts <u>      </u> Length of drop pipe <u>      </u> ft. capacity <u>      </u> g.m.p. 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
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley  (use a second sheet if needed)						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. <u>Clarke Well &amp; Eq., Inc. 185</u> Business name <u>Great Bend, KS</u> License No. <u>      </u> Address <u>      </u> Signed <u>      </u> Date <u>2-20-75</u> Authorized representative

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

Form WWC-5