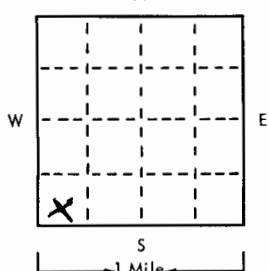


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Stafford	Township name Byron	Fraction SW$\frac{1}{4}$ of SW$\frac{1}{4}$	Section number 22 26	Town number T21S	Range number R12W
Distance and direction from nearest town or city: 6$\frac{1}{2}$ mi. North of Hudson, KS Street address of well location if in city:			3 Owner of well: Dennis Siefkes Address: Hudson, Kansas			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 90 ft. Date of completion 4-11-75 Well diameter 9 in.
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary	
			6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>			
			7 Casing: Material Styrene Height: above below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 24 in. Diam. Weight 1.5 lbs./ft. 5 in. to 80 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No — in. to — ft. depth			
			8 Screen: Manufacturer Jess & Lowell Type Styrene 200 Dia. 5" Slot gauge 1/8 Length 10' Set between 80 ft. and 90 ft. Fittings: 3/8-200 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material —			
			9 Static water level: 22 ft. below land surface Date 4-11-75			
Sandy Top soil			0	4	10 Pumping level below land surfaces: N/C — ft. after — hrs. pumping — g.p.m. — ft. after — hrs. pumping — g.p.m. Estimated maximum yield — g.p.m.	
Sandy xxx clay			4	38	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date —	
Fine sand			38	46	12 Well head completion: 24" <input type="checkbox"/> Pitless adapter XX inches above grade	
Gray clay & limestone			46	80'	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 0 ft. to 10 ft. NONE KNOWN	
Sand & gravel			80	90	14 Nearest source of possible contamination: ft. — Direction — Type — Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(use a second sheet if needed)					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name — Model number — HP — Volts — Length of drop pipe — ft. capacity — 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			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. Clarke Well & Eq., Inc. 185 Business name License No. Address Great Bend, KS Signed D.W. Clarke Date 4-11-75 Authorized representative			

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

Form WWC-5