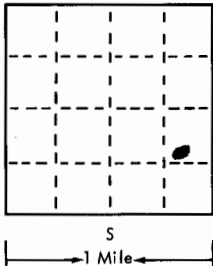


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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: | Fraction: <u>SW 1/4 NE 1/4 SE 1/4</u>                                | Section number: <u>29</u> | Town number: <u>T215</u> | Range number: <u>R13W</u>  |
| Distance and direction from nearest town or city: <u>Seward</u><br>Street address of well location if in city: <u>2 East 1 1/2 north</u>          |                         |                | 3 Owner of well: <u>Norman Keller</u><br>Address: <u>Seward, Mo.</u> |                           |                          |  |
| Locate with "X" in section below:<br>N<br><br>W E<br>S<br>1 Mile |                         |                | Sketch map:  |                           |                          | 4 Well depth: <u>70</u> ft. Date of completion <u>1-16-75</u><br>Well diameter <u>7 7/8</u> in.  |
| 2   |                         |                | Type and color of material   |                           |                          | 5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input type="checkbox"/>   |
| From  |                         |                | To   |                           |                          | 7 Casing: Material <u>Plastic</u> Weight: <input checked="" type="checkbox"/> Above <input type="checkbox"/> Below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.<br>Diam. Weight <u>125</u> lbs./ft. <u>100</u><br><u>4</u> in. to <u>70</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>___ in. to ___ ft. depth |
|   |                         |                |  |                           |                          | 8 Screen: Manufacturer <u>Jew + Powell</u><br>Type <u>Plastic RMP</u> Dia. <u>4"</u><br>Slot gauge <u>1/8</u> Length <u>10 ft</u><br>Set between <u>60</u> ft. and <u>70</u> ft.<br>Fittings:<br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8-1/4</u>   |
|   |                         |                |  |                           |                          | 9 Static water level:<br><u>11</u> ft. below land surface Date <u>1-16-75</u>  |
|   |                         |                |  |                           |                          | 10 Pumping level below land surfaces:<br>___ ft. after ___ hrs. pumping ___ g.p.m.<br>___ ft. after ___ hrs. pumping ___ g.p.m.<br>Estimated maximum yield <u>100</u> g.p.m.   |
|   |                         |                |  |                           |                          | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>1-11-75</u>  |
|   |                         |                |  |                           |                          | 12 Well head completion:<br><input type="checkbox"/> Fittes adapter <input checked="" type="checkbox"/> Inches above grade <u>12</u>   |
|   |                         |                |  |                           |                          | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/><br>Depth: From <u>25</u> ft. to <u>35</u> ft.  |
|   |                         |                |  |                           |                          | 14 Nearest source of possible contamination: <u>Septic</u><br>ft. <u>150</u> Direction <u>South</u> Type <u>System</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
|   |                         |                |  |                           |                          | 15 Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.m.p.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other  |
|   |                         |                |  |                           |                          | 16 Remarks: elevation<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley   |
|   |                         |                |  |                           |                          | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Myers Water Drill 143</u><br>Business name _____ License No. _____<br>Address <u>Shoart Bend, Mo.</u><br>Signed <u>Robert A. Myers</u> Date <u>1-16-75</u><br>Authorized representative   |

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

Form WWC-5