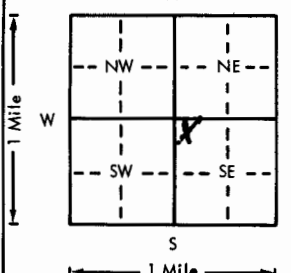


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Mephenson</b>	Fraction <b>SE NW 1/4 NW 1/4</b>	Section number <b>9</b>	Township number <b>T 21 S</b>	Range number <b>R 2 W</b>																		
2. Distance and direction from nearest town or city:		<b>1 1/2 m W 2 m N</b> Street address of well location if in city: <b>Moundridge, Ks.</b> City, state, zip code: <b>R2 Moundridge Ks.</b>																						
4. Locate with "X" in section below:		Sketch map: 																						
5. Type and color of material		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><b>Black Topsoil</b></td> <td><b>0</b></td> <td><b>2</b></td> </tr> <tr> <td><b>clay yellow + gray w/ Rck</b></td> <td><b>2</b></td> <td><b>18</b></td> </tr> <tr> <td><b>Sand F-</b></td> <td><b>18</b></td> <td><b>20</b></td> </tr> <tr> <td><b>clay with small layers of F-Sand</b></td> <td><b>20</b></td> <td><b>30</b></td> </tr> <tr> <td><b>clay red</b></td> <td><b>30</b></td> <td><b>32</b></td> </tr> </tbody> </table>						From	To	<b>Black Topsoil</b>	<b>0</b>	<b>2</b>	<b>clay yellow + gray w/ Rck</b>	<b>2</b>	<b>18</b>	<b>Sand F-</b>	<b>18</b>	<b>20</b>	<b>clay with small layers of F-Sand</b>	<b>20</b>	<b>30</b>	<b>clay red</b>	<b>30</b>	<b>32</b>
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18. Elevation:		19. Remarks:  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley																						
		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>Miller Water Well Serv. 137</b> Business name: <b>Hutchinson, Ks.</b> Address: <b>Joe Miller</b> Signed: <b>Joe Miller</b> Date: <b>8-5-76</b> Authorized representative																						

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

Form WWC-5