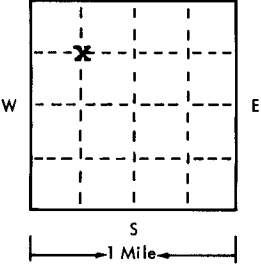


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Pawnee</u>	Township name <u>Logan</u>	Fraction <u>CNW<sub>4</sub></u>	Section number <u>25</u>	Town number <u>T22S</u>	Range number <u>R15W</u>																														
Distance and direction from nearest town or city: <u>13 mi. Southeast of Larned, Kansas</u> Street address of well location if in city:				3 Owner of well: <u>Howard Barstow</u> Address: <u>Larned, Kansas</u>																																
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Sandy top soil</u></td> <td><u>0</u></td> <td><u>2</u></td> </tr> <tr> <td><u>Gray clay</u></td> <td><u>2</u></td> <td><u>9</u></td> </tr> <tr> <td><u>Sandy clay &amp; sand streaks</u></td> <td><u>9</u></td> <td><u>22</u></td> </tr> <tr> <td><u>Sand &amp; gravel</u></td> <td><u>22</u></td> <td><u>77</u></td> </tr> <tr> <td><u>Brown clay</u></td> <td><u>77</u></td> <td><u>80</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				2 Type and color of material	From	To	<u>Sandy top soil</u>	<u>0</u>	<u>2</u>	<u>Gray clay</u>	<u>2</u>	<u>9</u>	<u>Sandy clay &amp; sand streaks</u>	<u>9</u>	<u>22</u>	<u>Sand &amp; gravel</u>	<u>22</u>	<u>77</u>	<u>Brown clay</u>	<u>77</u>	<u>80</u>													4 Well depth: <u>80</u> ft. Date of completion <u>4-16-75</u> Well diameter <u>24</u> in.		
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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																																				
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"/> _____																																				
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>40</u> ft. depth; Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight <u>30.3</u> lbs./ft. _____ _____ in. to _____ ft. depth																																				
8 Screen: Manufacturer <u>W. A. Brown</u> Type <u>Double-slot</u> Dia. <u>16"</u> Slot gauge <u>1/8</u> Length <u>40'</u> Set between <u>40</u> ft. and <u>80</u> ft. _____ Fittings: _____ <u>3/8</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____																																				
9 Static water level: <u>16</u> ft. below land surface Date <u>4-16-75</u>																																				
10 Pumping level below land surfaces: <u>N/C</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.																																				
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																				
12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</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: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																				
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  (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.</u> <u>185</u> Business name License No. Address <u>Great Bend, KS</u> Signed <u>[Signature]</u> Date <u>4-16-75</u> Authorized representative																																

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