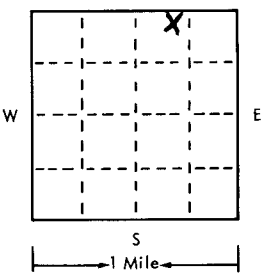


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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<br><b>STAFFORD</b> | Township name<br><b>OK10</b> | Fraction<br><b>NW 1/4 NE 1/4</b>                                                                                                                                                                                                                                                                                                                                                                                    | Section number<br><b>10</b> | Town number<br><b>T245</b> | Range number<br><b>R13W</b>                                                                    |    |
| Distance and direction from nearest town or city:<br><b>1 mi. SE ST. JOHN</b><br>Street address of well location if in city:                                                      |                           |                              | 3 Owner of well:<br><b>Richard Spare</b><br>Address:<br><b>St. John, KS</b>                                                                                                                                                                                                                                                                                                                                         |                             |                            |                                                                                                |    |
| Locate with "X" in section below:<br>                                                            |                           |                              | Sketch map:                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                            | 4 Well depth: <b>50</b> ft. Date of completion <b>3-18-75</b><br>Well diameter <b>XX 9</b> in. |    |
| 2 Type and color of material                                                                                                                                                      |                           |                              | From                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                            | To                                                                                             |    |
|                                                                                                                                                                                   |                           |                              | Top soil                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                            | 0                                                                                              | 3  |
|                                                                                                                                                                                   |                           |                              | Gray & brown clay                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                            | 3                                                                                              | 25 |
|                                                                                                                                                                                   |                           |                              | Sand & gravel                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                            | 25                                                                                             | 50 |
|                                                                                                                                                                                   |                           |                              |                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                            |                                                                                                |    |
|                                                                                                                                                                                   |                           |                              | 5 Screen:<br>Manufacturer <b>Jess &amp; Lowell</b><br>Type <b>Styrene 200</b> Dia. <b>5"</b><br>Slot gauge <b>1/8</b> Length <b>10</b><br>Set between <b>40</b> ft. and <b>50</b> ft.<br>Fittings:<br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>3/8-200</b>                                                                                         |                             |                            |                                                                                                |    |
|                                                                                                                                                                                   |                           |                              | 9 Static water level:<br><b>14</b> ft. below land surface Date <b>3-18-75</b>                                                                                                                                                                                                                                                                                                                                       |                             |                            |                                                                                                |    |
|                                                                                                                                                                                   |                           |                              | 10 Pumping level below land surfaces: <b>N/C</b><br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.                                                                                                                                                                                                                             |                             |                            |                                                                                                |    |
|                                                                                                                                                                                   |                           |                              | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____                                                                                                                                                                                                                                                                                                         |                             |                            |                                                                                                |    |
|                                                                                                                                                                                   |                           |                              | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <b>10</b> inches above grade                                                                                                                                                                                                                                                                                                                   |                             |                            |                                                                                                |    |
|                                                                                                                                                                                   |                           |                              | 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 <b>0</b> ft. to <b>10</b> ft.                                                                                                                                                               |                             |                            |                                                                                                |    |
|                                                                                                                                                                                   |                           |                              | 14 Nearest source of possible contamination:<br>ft. ____ Direction ____ Type ____<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 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><b>Clarke Well &amp; Eq., Inc.</b> <b>185</b><br>Business name License No.<br>Address <b>Great Bend, KS</b><br>Signed <b>[Signature]</b> Date <b>3-18-75</b><br>Authorized representative                                                               |                             |                            |                                                                                                |    |

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

Form WWC-5