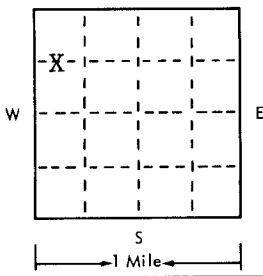


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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	Fraction NW$\frac{1}{4}$	Section number 19	Town number T24S	Range number R13W
Distance and direction from nearest town or city: 6 mi SW of St. John				3 Owner of well: Walls Bros. Address: St. John, Kansas 67576		
Locate with "X" in section below: 				4 Well depth: 50 ft. Date of completion 7-18-75 Well diameter 9 in.		
2 Type and color of material				5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
				6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐		
Top Soil & brown clay				7 Casing: Material Styrene Weight: above below Threaded ☐ Welded ☐ Surface 12 in. Diam. 3.5 lbs./ft. 10 in. to 40 ft. depth Drive shoe? ☐ Yes ☒ No		
				8 Screen: Styrene Manufacturer Jess & Lowell-200 Type XPlastic Dia. 5" Slot gauge 1/8 Length 40' 12" Set between 40 ft. and 50 ft. 3/8-200 Fittings: Gravel pack ☒ Yes ☐ No Size range of material 200		
Sand & Gravel				9 Static water level: 18 ft. below land surface Date 7-18-75		
				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.		
				11 Water sample submitted: ☐ Yes ☒ No Date ____		
				12 Well head completion: ☐ Pitless adapter ☒ _____ inches above grade		
				13 Well grouted? ☒ Yes ☐ No ☐ Neat cement ☐ Bentonite ☐ _____ Depth: From 0 ft. to 10 ft.		
				14 Nearest source of pollution None Known ft. ____ Direction ____ Type ____ Well disinfected upon completion? ☒ Yes ☐ No		
				15 Pump: ☒ Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other		
(use a second sheet if needed)						
16 Remarks: elevation Topography: ☐ Hill ☐ Slope ☐ Upland ☐ 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, Kansas Signed [Signature] Date 7-18-75 Authorized representative		

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

Form WWC-5