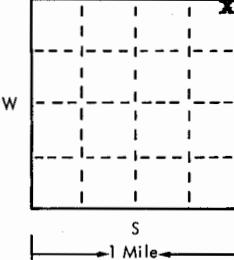


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

_____ 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 Gray	Township name Cimarron	Fraction NW $\frac{1}{4}$	Section number #15	Town number T# 26 S	Range number R# 28 W
Distance and direction from nearest town or city: $\frac{1}{2}$ South and $1\frac{1}{2}$ West of Cimarron, Ks.			3 Owner of well: Joe Grasser Address: Cimarron, Kansas 67835			
Street address of well location if in city:						
Locate with "X" in section below:			Sketch map:			
			NE $\frac{1}{4}$ of the NE $\frac{1}{4}$ of the NW $\frac{1}{4}$ of #15 T#26 E #28 N.			
2	Type and color of material		From	To		
	Top soil & coarse sand		0	15		
	Coarse sand		15	30		
	Coarse sand & clay		30	45		
	Clay & fine sand		45	60		
	Clay layers & fine sand		60	75		
	Clay layers & fine sand		75	90		
	" " " "		90	105		
	" " " "		105	120		
	Clay		120	135		
	Clay & coarse sand		135	150		
	Rock layers		150	152		
	Blue Shale		152	160		
(use a second sheet if needed)						
16 Remarks: elevation						
Topography:						
<input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						
14 Nearest source of possible contamination: Sewer ft. 125 Direction SE Type System Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Flint & Walling Model number 7BK8 HP 3/4 Volts 230 Length of drop pipe 105 ft. capacity 19 g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other						
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. JOE'S WELL SERVICE 179 Business name Box 17h Cimarron, Ks. License No. Address Box 17h Cimarron, Ks. Signed Joe's Well Service Date 6-6-75 Authorized representative Joe's Well Service						