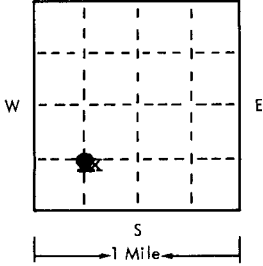


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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<br><b>Kiowa</b> | Township name<br><b>Butler</b> | Fraction<br><b>CSW<math>\frac{1}{4}</math></b> | Section number<br><b>22</b>  | Town number<br><b>T27S</b> | Range number<br><b>R19W</b> |
| Distance and direction from nearest town or city:<br><b>9<math>\frac{1}{2}</math> mi. Northwest of Greensburg, KS</b><br>Street address of well location if in city: |                        |                                |  | 3 Owner of well:<br><b>Wayne Brensing</b><br>Address:<br><b>Mullenville, Kansas</b>  |                            |                             |
| Locate with "X" in section below:<br>N<br><br>W E<br>S<br>1 Mile                    |                        |                                |  | Sketch map:  |                            |                             |
| 2  |                        |                                |  | 4 Well depth: <u>166</u> ft. Date of completion <u>8-28-75</u><br>Well diameter <u>24</u> in.  |                            |                             |
| Type and color of material   |                        |                                |  | 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary  |                            |                             |
| Sandy top soil   |                        |                                |  | 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input type="checkbox"/>   |                            |                             |
| Sandy clay   |                        |                                |  | 7 Casing: Material <u>Steel</u> Height: <u>above</u> /below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.<br>Diam. <u>16</u> in. to <u>91</u> ft. depth; Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><u>30.3</u> lbs./ft.   |                            |                             |
| Sand & soft sandstone  |                        |                                |  | 8 Screen:<br>Manufacturer <u>W. A. Brown</u><br>Type <u>Double-slot</u> Dia. <u>16"</u><br><u>Slot</u> gouze <u>1/8</u> Length <u>91'</u><br>Set between <u>91</u> ft. and <u>166</u> ft.<br>Fittings: <u>3/8-200</u><br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>    </u>  |                            |                             |
| Sand & gravel  |                        |                                |  | 9 Static water level:<br><u>52</u> ft. below land surface Date <u>8-28-75</u>  |                            |                             |
| Brown clay   |                        |                                |  | 10 Pumping level below land surfaces: <u>N/C</u><br><u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m.<br><u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m.<br>Estimated maximum yield <u>    </u> g.p.m.   |                            |                             |
| Sand & gravel  |                        |                                |  | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>    </u>   |                            |                             |
| Brown clay & limestone   |                        |                                |  | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <u>12</u> inches above grade  |                            |                             |
| Sand & gravel & cemented streaks   |                        |                                |  | 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 <u>0</u> ft. to <u>10</u> ft.   |                            |                             |
| Brown & white clay & lime streaks  |                        |                                |  | 14 Nearest source of possible contamination:<br>ft. <u>    </u> Direction <u>    </u> Type <u>    </u><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                            |                             |
| Sand & gravel  |                        |                                |  | 15 Pump:<br><input checked="" type="checkbox"/> Not installed<br>Manufacturer's name <u>    </u><br>Model number <u>    </u> HP <u>    </u> Volts <u>    </u><br>Length of drop pipe <u>    </u> ft. capacity <u>    </u> 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 |                            |                             |
| Brown & white clay & limestone   |                        |                                |  | 16 Remarks: elevation  |                            |                             |
| Sand & gravel  |                        |                                |  | 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> <u>185</u><br>Business name License No.<br>Address <u>Great Bend, Kansas</u><br>Signed <u>D. W. Clarke</u> Date <u>8-28-75</u><br>Authorized representative   |                            |                             |
| Brown clay   |                        |                                |  | (use a second sheet if needed)   |                            |                             |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley                 |                        |                                |  |  |                            |                             |

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

Form WWC-5