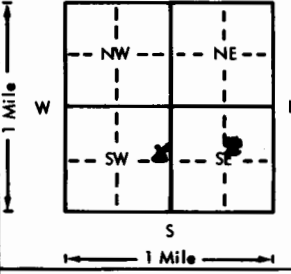


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:		County <b>Meade</b>	Fraction <b>SE 1/4 NE 1/4 SW 1/4</b>	Section number <b>3</b>	Township number <b>T 32 S</b>	Range number <b>R 28 E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1/4 W. Meade</b>			3. Owner of well: R.R. or street: City, state, zip code: <b>Ken Sneath Meade, Kansas 67864</b>			
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>9 7/8</b> in. Completion date <b>8-04-76</b> Well depth <b>280</b> ft.			
5. Type and color of material			From		To	
Top soil			0		5	
Sandy clay			6		25	
Clay			26		58	
Blue clay			59		70	
Med. to lar. sand			71		76	
Blue clay			77		130	
Clay, tan			131		210	
Med. to lar. sand			211		216	
Tan clay			217		220	
Med. to lar. sand			221		225	
Clay			226		230	
<del>Clay</del> Clay with gravel streaks			231		260	
Med. to lar. sand			261		280	
(Use a second sheet if needed)						
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks:		17. Pump: Manufacturer's name <b>Aermotor</b> Model number <b>SD19</b> HP <b>1</b> Volts <b>220</b> Length of drop pipe <b>100</b> ft. capacity <b>20</b> g.p.m. 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		
				20. 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. <b>Friesen Windmill</b> 252 Business name License No. Address <b>Meade, Kansas 67864</b> Signed <i>[Signature]</i> Date <b>8-20-76</b> Authorized representative		

T 32 S  
 R 28 E  
 Sec 3  
 1/4 1/4 1/4  
 SENESEW

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5