

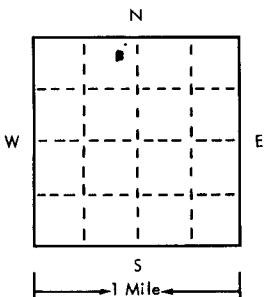
USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

N2 NE NW

|  |  |  |          |   |  |                            |
|--|--|--|----------|---|--|----------------------------|
| 1 Location of well:  | County<br><b>Cloud</b>                 | Township name<br><b>S16 1/2 of<br/>Lincoln</b> | Fraction | Section number<br><b>6</b>  | Town number<br><b>T55</b>                              | Range number<br><b>R3W</b> |
| Distance and direction from nearest town or city:<br>Street address of well location if in city:   | <b>8 miles NW of<br/>Concordia, Mo</b> |  |          | 3 Owner of well:<br>Address:  | <b>Mrs Leonard Barlean<br/>Concordia, Mo<br/>66901</b> |                            |
| Locate with "X" in section below:<br>Sketch map:<br>  |  |  |          | 4 Well depth: <b>87</b> ft. Date of completion <b>2/27/75</b><br>Well diameter <b>5</b> in.   |  |                            |
| 2 Type and color of material   |  |  |          | 5 <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary   |  |                            |
|  |  |  |          | 6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input type="checkbox"/>                                    |  |                            |
| From To  |  |  |          | 7 Casing: Material <b>plastic</b> Height: above/below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in.<br>Diam. <b>5</b> in. to <b>87</b> ft. depth Weight _____ lbs./ft.<br>Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |                            |
|  |  |  |          | 8 Screen: <b>Johns Jones Co.</b><br>Manufacture <b>T200</b> Dia. <b>5 in</b><br>Slot/gauze _____ Length <b>20</b><br>Set between <b>67</b> ft. and <b>87</b> ft.<br>Fittings:<br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____   |  |                            |
| (use a second sheet if needed)   |  |  |          | 9 Static water level:<br><b>40</b> ft. below land surface Date <b>2/27/75</b>   |  |                            |
|  |  |  |          | 10 Pumping level below land surfaces:<br><b>5</b> ft. after <b>10</b> hrs. pumping <b>20</b> g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>30</b> g.p.m.  |  |                            |
| 16 Remarks: elevation<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input checked="" type="checkbox"/> Valley   |  |  |          | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |  |                            |
|  |  |  |          | 12 Well head completion:<br><input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> _____ inches above grade   |  |                            |
| 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>Carl Thomas Son 247</b><br>Business name _____ License No. _____<br>Address <b>Concordia, Mo 66901</b><br>Signed <b>Carl Thomas</b> Date <b>2/23/75</b><br>Authorized representative  |  |  |          | 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>1</b> ft. to <b>10</b> ft.  |  |                            |
|  |  |  |          | 14 Nearest source of possible contamination:<br>ft. <b>14</b> direction <b>NW</b> Type <b>farmhouse</b><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |                            |
| 15 Pump:<br>Manufacturer's name <b>Meyer Pump Co.</b><br>Model number <b>200</b><br>Length of drop pipe <b>60</b> ft. capacity <b>30</b> g.p.m.<br>Type:<br><input checked="" 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 |  |  |          | 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>Carl Thomas Son 247</b><br>Business name _____ License No. _____<br>Address <b>Concordia, Mo 66901</b><br>Signed <b>Carl Thomas</b> Date <b>2/23/75</b><br>Authorized representative |  |                            |

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

Form WWC-5