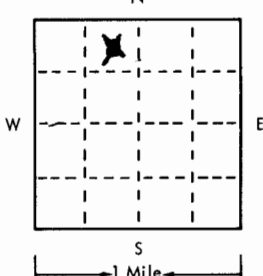


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

7 27 W NEW 27  
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 <b>Graham</b>	Township name <b>Gettysburg</b>	Fraction <b>NE 1/4 NW 1/4</b>	Section number <b>27</b>	Town number <b>7</b>	Range number <b>25</b>	
Distance and direction from nearest town or city: <b>1/2 W of Morland</b>			3 Owner of well: <b>Bill Goddard</b>				
Street address of well location if in city: <b>on 24 hwy, 3 N; 1/2 W; 1/2 N</b>			Address: <b>Penokee Ks</b>				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>160</b> ft. Date of completion <b>9-2</b> Well diameter <b>5</b> in.	
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <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 <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well		
			<b>Clay</b>	<b>0</b>	<b>50</b>	7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
			<b>Rock &amp; Clay</b>	<b>50</b>	<b>60</b>	8 Screen: <b>Jet Stream</b> Manufacturer <b>Jet Stream</b> Type <b>SDR 21</b> Dia. _____ Slot/gauze _____ Length <b>20'</b> Set between <b>140</b> ft. and <b>160</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/8"</b>	
			<b>Clay</b>	<b>60</b>	<b>102</b>	9 Static water level: <b>71</b> ft. below land surface Date <b>9-2-82</b>	
			<b>Sand with clay layers</b>	<b>102</b>	<b>120</b>	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
			<b>Sand</b>	<b>120</b>	<b>135</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
			<b>Sand with clay layers</b>	<b>135</b>	<b>157</b>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade	
			<b>Flint Rock</b>	<b>157</b>		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft.	
			<b>Blue shale</b>	<b>160</b>		14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(use a second sheet if needed)			15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other				
16 Remarks: elevation			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. <b>Buck's Water well 290</b> Business name _____ License No. _____ Address <b>Morland Ks</b> Signed <b>Bernard Thomas</b> Date <b>12/29/82</b> Authorized representative				

T 7 R 25 W Sec. 27 Q 28/4 NW 1/4

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

Form WWC-5