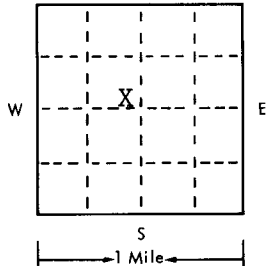


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Thomas</b>	Township name <b>Barrett</b>	Section number <b>SE 1/4 NW 1/4 5</b>	Town number <b>7S</b>	Range number <b>35W</b>
Distance and direction from nearest town or city: <b>6 miles North; 3 miles West;</b> Street address of well location if in city: <b>1/2 mile North</b>			3 Owner of well: <b>Stewart Brenn</b> Address: <b>Levant Kansas</b>		
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		
2			Type and color of material		
Clay			From	To	
Medium Coarse sand			0	80	
Clay			80	90	
Medium to coarse sand & clay streaks			90	92	
Clay			92	105	
Medium to coarse sand & gravel			105	109	
Clay & sandy clay			109	121	
Medium to coarse sand & gravel			121	131	
Clay			131	140	
Sand stone			140	144	
Clay and sand streaks			144	145	
Medium to coarse sand			145	162	
Clay and sandy clay			162	167	
Medium to coarse sand			167	188	
Clay			188	202	
(use a second sheet if needed)			202	208	
16 Remarks: elevation <b>BROCK</b>			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>Western Well and Pump 245</b> Business name Address: <b>P.O. Box 852 Colby, Ks.</b> Signed: <b>Sally Berry</b> Date: <b>3/22/76</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			15 Pump: Not installed Manufacturer's name: <b>Floway</b> Model number: <b>7605</b> HP: <b>100</b> Volts: <b>24</b> Length of drop pipe: <b>250</b> ft. capacity: <b>550</b> g.m.p. Type: <b>11 stage 10" DOH bowl</b> <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		

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

Form WWC-5