

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

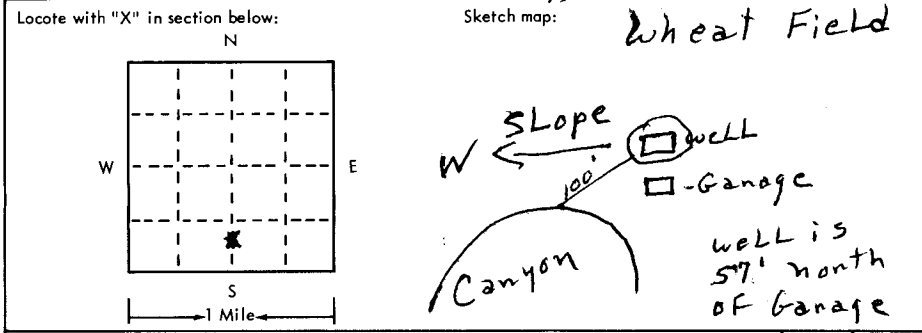
WATER WELL RECORD
KSA 82a-1201-1215

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 Cowley	Township name Creswell	Fraction NE 1/4 SW 1/4 SE 1/4	Section number 8	Town number T 34 S	Range number R 4 E
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Distance and direction from nearest town or city: 1 1/4 mile north + 1/2 mile East of Hwy 77	3 Owner of well: Phillip McFarland
Street address of well location if in city: * Kansas Avenue Arkansas City, Kans.	Address: Route 2 Arkansas City, Kans. 67005



4 Well depth: 75 ft. Date of completion 11-8-75
Well diameter 11 in.
5 <input checked="" type="checkbox"/> Cable tool <input 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
7 Casing: Material Plastic Weight: above/below <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 36 in. Diam. 5 in. to 7.5 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5 in. to 7.5 ft. depth

2	Type and color of material	From	To
	Top Soil	0	5
	White Lime	5	20
	Blue Shale	20	35
	Red Bed	35	50
	Green Shale	50	65
	White Lime	65	75

8 Screen: Casing Perforated Bottom 10 feet Manufacturer Bottom 10 feet Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between 10 ft. and 7.5 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/8"
9 Static water level: 43 ft. below land surface Date 11-8-75
10 Pumping level below land surfaces: none _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 g.p.m.
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
12 Well head completion: NA <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
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 0 ft. to 10 ft.
14 Nearest source of possible contamination: ft. 100 Direction SW Type Canyon Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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 well is 1200 FT north of south line + 2600 FT west of East line of section, Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley Fresh water vein at 55 FT.
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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. Ronald Heffron Drilling #113 Business name _____ License No. _____ Address Route 3, Winfield, Kans. Signed Ronald Heffron date 11-28-75 Authorized representative

34 4E 8 NE SW SE