

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

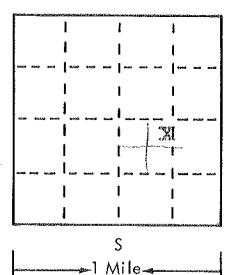
PENSE SE

17 34 W 8 DBA
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

DBA

1 Location of well:	County Scott	Township name NE-MJ-SE 1/4	Fraction	Section number 8	Town number 17	Range number 34
Distance and direction from nearest town or city: 10 mi W-8 mi N- of Scott City, Ks. Street address of well location if in city:				3 Owner of well: Larry Decker Rte #3 Box 96 Address: Scott City, Kansas 67871		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map: DBA		4 Well depth: 199 ft. Date of completion: 2-24-75 Well diameter: 26" 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 <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight: 179 lbs./ft. 16" in. to 199 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer W.A. Brown Enterprises Type 10% FreeFlow Dia. 16" Slot/gauze _____ Length _____ Set between 119' ft. and 199' ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: 1/16 to 5/8		
				9 Static water level: 115 ft. below land surface Date 1-6-75		
				10 Pumping level below land surfaces: 182 ft. after 50 hrs. pumping 400 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 375 g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" 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"/> Farmer instal. Depth: From 1 ft. to 10 ft.		
				14 Nearest source of possible contamination: ft. _____ Direction _____ Type None Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(use a second sheet if needed)				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Simmons Model number S-1000 HP _____ Volts _____ Length of drop pipe 197 ft. capacity _____ g.m.p. Type: <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		
				16 Remarks: elevation 3144 (TOPO)		
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. High Plains Drilling & Supply, Inc License No. 136 A Business name _____ License No. _____ Address 102 N 3rd, Garden City, Ks. Signed [Signature] Date 3-20-75 Authorized Representative		

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

Form WWC-5