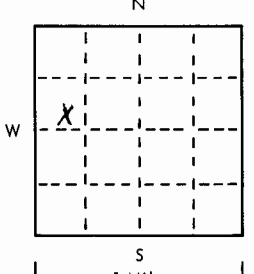


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <i>McPherson</i>	Township name	Fraction <i>NW</i>	Section number <i>1</i>	Town number <i>20</i>	Range number <i>4 W</i>	
Distance and direction from nearest town or city: <i>2.5 - 1W - 1/2 N - 1/4 S of McPherson, KS</i>			3 Owner of well: <i>H-20 Drilling Co.</i> Address: <i>300 North Main Wichita, KS.</i>				
Locate with "X" in section below: 			Sketch map:			4 Well depth: <i>137</i> ft. Date of completion <i>7-28-75</i> Well diameter <i>7 1/2</i> 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>
<i>Top soil</i>			<i>0</i>		<i>2</i>		7 Casing: Material <i>gal</i> Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>18</i> in. Diam. Weight <i>160</i> lbs./ft. <i>4</i> in. to <i>110</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No — in. to — ft. depth
							8 Screen: Manufacturer <i>R+B</i> Type <i>perc</i> Dia. <i>4</i> Slot/gauze <i>1/16</i> Length <i>25</i> Set between <i>110</i> ft. and <i>135</i> ft. Fittings: <i>3/8 7/8 1/2</i> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>20-30</i>
<i>Brown clay</i>			<i>2</i>		<i>4</i>		9 Static water level: <i>29</i> ft. below land surface Date <i>7-28-75</i>
<i>Yellow brown sticky clay</i>			<i>4</i>		<i>37</i>		10 Pumping level below land surfaces: <i>NA</i> — ft. after — hrs. pumping — g.p.m. — ft. after — hrs. pumping — g.p.m. Estimated maximum yield — g.p.m.
<i>Gray clay</i>			<i>37</i>		<i>47</i>		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date —
<i>Sand &amp; gravel loose medium</i>			<i>47</i>		<i>97</i>		12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
<i>clay w/ sand layers</i>			<i>97</i>		<i>107</i>		13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From — ft. to — ft.
<i>Sand &amp; gravel clean, coarse medium</i>			<i>107</i>		<i>128</i>		14 Nearest source of possible contamination: ft. <i>200</i> Direction <i>South</i> Type <i>oil well</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Sand and clay streaks</i>			<i>128</i>		<i>135</i>		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
<i>Blue shale</i>			<i>135</i>		<i>137</i>		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. <i>Resenerantz-Bemis 134</i> Business name License No. Address <i>Great Bend, KS</i> Signed <i>Fredrick Bladson</i> Date <i>8/14/75</i> Authorized representative
16 Remarks: elevation <i>1493 = TPO</i> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley <i>well was pulled &amp; plugged 8-9-75</i>			(use a second sheet if needed)				

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

Form WWC-5