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

WATER WELL RECORD
KSA 82a-1201-1215

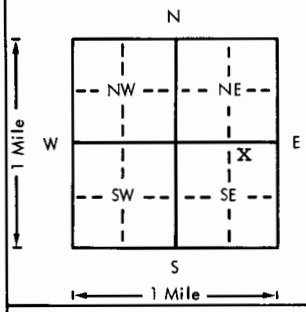
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Rice	NW 1/4 NE 1/4 SE 1/4	10	T 20 S	R 8 E (W)

2. Distance and direction from nearest town or city: 1 mile south and
Street address of well location if in city: ¼ mile east of Lyons, KS

3. Owner of well: Cecil Miller, Etal*
R.R. or street: Route 1
City, state, zip code: Lyons, KS 67554

4. Locate with "X" in section below:



Sketch map:

Test Well No. 1
900' W - 2380'N SE Cor. 10

6. Bore hole dia. 5 in. Completion date 12-21-77
Well depth 60 ft.

7. __ Cable tool XX Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water XX Other Test Well

9. Casing: Material PVC Height (Above) or below
Threaded ___ Welded ___ Surface 1.70' XX
RMP ___ PVC X Weight .631 lbs./ft.
Dia. 2½ in. to 50 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .110

5. Type and color of material	From	To
Top Soil	0	3
Brown Clay	3	22
Sand and Gravel	22	60
Red Shale	60	65

(Use a second sheet if needed)

10. Screen: Manufacturer's name Clarke
Type PVC Dia. 2½"
(Slot) Gauze 1/8" Length 10'
Set between 50 ft. and 60 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/4"

11. Static water level: mo./day/yr.
19'5 ft. below land surface Date 3-17-78

12. Pumping level below land surfaces: NC
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

13. Water sample submitted: Chl. 172 mo./day/yr.
X Yes ___ No Date 12/21/77

14. Well head completion:
___ Pitless adapter ___ Inches above grade

15. Well grouted? No**
With: ___ Neat cement ___ Bentonite ___ Concrete
Depth: From ___ ft. to ___ ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes X No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation: 1655.2 (Ground)
Topography:
___ Hill
___ Slope
___ Upland
___ Valley

19. Remarks: * Work performed on behalf of Cecil Miller etal to obtain ground water information RE: Miller vs. Cudahay Lawsuit
** Test wells were considered temporary when drilled. Due to pending litigation, a decision to plug wells or grout and establish permanent Observation wells has not been made.

20. 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.
Business name Clarke Well & Equip., Inc. License No. 185
Address Great Bend, KS 67530
Signed [signature] Date 8-25-78
Authorized representative

T 20 S R 8 E (W) Sec 10 1/4 1/4 1/4 1/4 NWNESE

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5