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

WATER WELL RECORD
KSA 82a-1201-1215

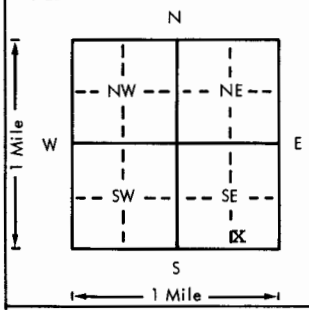
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Rice	SW 1/4 SE 1/4 SE 1/4	11	T 20 S	R 8 E (W)

2. Distance and direction from nearest town or city: 1½ mile south and 1 mile east of Lyons, Kansas.
Street address of well location if in city:

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. 9
1300'W & 30'N - SE Cor. 11

6. Bore hole dia. 5 in. Completion date 12/21/77
Well depth 73 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 ___ in.
RMP ___ PVC X Weight .631 lbs./ft.
Dia. 2½ in. to 63 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 and Gray Clay	3	17
Sand and Gravel	17	42
Yellow Clay	42	50
Sand and Gravel	50	73
Red Shale	73	75

(Use a second sheet if needed)

10. Screen: Manufacturer's name Clarke
Type PVC Dia. 2½"
Slot/gauze 1/8" Length 10'
Set between 63 ft. and 73 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/4"

11. Static water level: mo./day/yr.
21.8 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-9600 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

T 20 S R 8 E (W) Sec 11 1/4 1/4 1/4 1/4 SWSESE

18. Elevation: (Ground) 1651.4
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 litigations, a decision to plug wells ■■ or grout & 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.
Clarke Well & Equip., Inc. 185
Business name License No.
Address Great Bend, KS 67530
Signed [signature] Date 8-25-78
Authorized representative

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

Form WWC-5