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

WATER WELL RECORD
KSA 82a-1201-1215

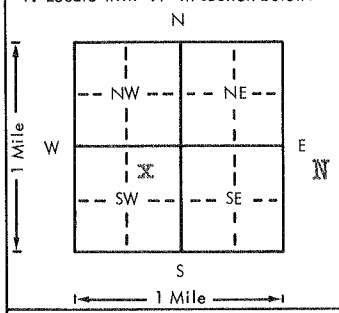
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Kearny	SW 1/4 NE 1/4 SW 1/4	13	T 22 S	R 38 X E/W

2. Distance and direction from nearest town or city:
10 mi W-12 mi N-1 mi W-1½ mi N of Lakin,Ks
Street address of well location if in city:

3. Owner of well:
R.R. or street: High Plains Drilling & Supply, Inc.
City, state, zip code: 5310 W Hwy 50 - RR#4 Garden City, Ks 67846

4. Locate with "X" in section below: Sketch map:



N

6. Bore hole dia. 24 in. Completion date 4-24-80
Well depth 242 ft.

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

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

9. Casing: Material Steel Height (Above) or below
Threaded ___ Welded xx Surface 12 in.
RMP ___ PVC ___ Weight 36.86 lbs./ft.
Dia. 16 in. to 242 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .219

5. Type and color of material	From	To
Clay	0	20
Sandy clay	20	60
Fine to med. Sand	60	140
Fine to Med. Sand, tight	140	180
Tight med. sand	180	230
Clay	230	238
Shale	238	242
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Lakewood
Type Millslot Dia. 16"
Slot size 1/8x2" Length 62'
Set between 180 ft. and 242 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1x½

11. Static water level: mo./day/yr.
1 84 ft. below land surface Date 11-3-77

12. Pumping level below land surfaces:
MSR ft. after X hrs. pumping 290 g.p.m.
237 ft. after 8 hrs. pumping ___ g.p.m.
Estimated maximum yield 290 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date ___

14. Well head completion: 12
___ Pitless adapter ___ Inches above grade

15. Well grouted? Yes
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: NA
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes xx 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:

Topography:
___ Hill
___ Slope
X Upland
___ Valley

19. Remarks:
This well is completed but the pump is not installed.
We are bringing our records up to date so are sending this well report in now, and the pumps to be installed later.

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 High Plains Drilling &Supply, Inc License No. 136A
Address GArden City, Ks. 67846
Signed Bert D Hackman Date 11/29/80
Authorized representative

T 22 S R 38 E (W) Sec 13 1/4 1/4 1/4 1/4 SW NE SW

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

Form WWC-5

MI-1023