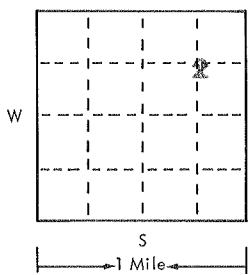


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Kearny</b>	Township name	Fraction <b>S<sup>1</sup>/<sub>2</sub> NE<sup>1</sup>/<sub>4</sub></b>	Section number <b>23</b>	Town number <b>22</b>	Range number <b>38</b>		
2 Distance and direction from nearest town or city: <b>10 mi west- 11 1/2 mi north of Lakin, Ks.</b> Street address of well location if in city:				3 Owner of well: <b>High Plains Drilling &amp; Supply, Inc.</b> Address: <b>402 N 3rd, Garden City, Ks. 67846</b>				
Locate with "X" in section below: N  W E S 1 Mile				Sketch map: <b>50' South of pivot in center of Qtr.</b>		4 Well depth: <b>239</b> ft. Date of completion: <b>3-21-75</b> Well diameter <b>26</b> 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		
				Clay		1	10	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
				Sand, gravel		20	40	7 Casing: Material <b>steel</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. _____ Weight <b>1.88</b> lbs./ft. _____ <b>16</b> in. to <b>239</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
				Sand, clay balls		40	60	8 Screen: Manufacturer <b>Mill Sdt</b> Type <b>6%</b> Dia. <b>16"</b> Slot/gauze _____ Length <b>2"</b> Set between <b>179</b> ft. and <b>239</b> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2 5/8</b>
				Sand, clay		60	80	9 Static water level: <b>181</b> ft. below land surface Date <b>3-21-75</b>
				Sandy clay, clay		80	100	10 Pumping level below land surfaces: <b>188</b> ft. after <b>10</b> hrs. pumping <b>200</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>435</b> g.p.m.
				Sandy clay		100	120	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
				Sand fine to med., clay		140	160	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
				Clay, sand med., coarse, loose		160	180	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"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft.
				Sand med., coarse, loose		180	200	14 Nearest source of possible contamination: <b>NA</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sand med., coarse, loose		200	220	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Worthington</b> Model number <b>12L-40</b> HP _____ Volts _____ Length of drop pipe <b>230</b> ft. capacity <b>400</b> 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				
Sand coarse, clay, shale		220	240	16 Remarks: elevation				
Ordered - install sometime in latter part of April				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. <b>High Plains Drilling &amp; Supply Inc 13</b> Business name _____ License No. _____ Address <b>402 N 3rd, Garden City</b> Signed <b>Wade E. Blinn</b> Date <b>4-15-75</b> Authorized representative				
(use a second sheet if needed)								
16 Remarks: elevation								
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <b>Level</b> <input type="checkbox"/> Valley								