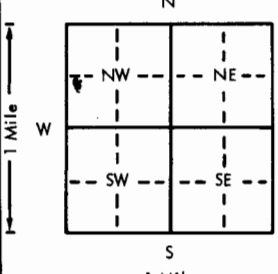


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Kearny	Fraction NW 1/4 SW 1/4 NW 1/4	Section number 21	Township number T 23 S R 35 E/W	Range number
2. Distance and direction from nearest town or city: 2W - 5N Deerfield			3. Owner of well: Graham Farms R.R. or street: City, state, zip code: Deerfield, Kansas 67838		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>2 1/2</u> in. Completion date _____ Well depth <u>278</u> ft. <u>3-14-77</u>
Clay			0	60	7. <input checked="" 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
Loose sandy Clay			60	80	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Sand & Gravel			20	80	9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>36.86</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>278</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>219</u>
Sand & Gravel, clay balls			18	100	10. Screen: Manufacturer's name _____ <u>Lakewood</u> Type <u>Millalot</u> Dia. <u>16</u> Gauge <u>1/8 X 2</u> Length <u>181</u> Set between <u>97</u> ft. and <u>278</u> ft. _____ ft. and _____ ft.
Loose Med sand			20	120	Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/2 X 3/4</u>
Sand, gravel, few clay balls			20	140	11. Static water level: _____ mo./day/yr. <u>76</u> ft. below land surface Date <u>2-24-77</u>
Sandy clay, Sand & Gravel loose			10	160	12. Pumping level below land surfaces: <u>140</u> ft. after <u>4</u> hrs. pumping <u>2600</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>3000</u> g.p.m.
Loose sand & Gravel			20	180	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
Loose sand & Gravel, 2 clay streaks			18	200	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
Loose sand & Gravel, clay streaks			18	220	15. Well grouted? <input checked="" type="checkbox"/> Yes With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
Loose sand & Gravel, 1 clay streak			19	240	16. Nearest source of possible contamination: _____ ft. _____ Direction _____ Type <u>NA</u> Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
6' Loose sand & Gravel, 2' clay streak, balance sand rock w/little shale			260	278	17. Pump: _____ Not installed Manufacturer's name <u>Worthington</u> Model number <u>3S-75H226</u> HP _____ Volts _____ Length of drop pipe <u>260</u> ft. capacity <u>2260</u> g.p.m. 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
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		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.		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			High Plains Drilling & Supply Inc. 136A Business name _____ License No. _____ Address <u>402 N 3rd</u> Signed <u>B. D. Hubert</u> Date <u>3-22-77</u> Authorized representative		

23 35 W 21 NW SW NW

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

Form WWC-5