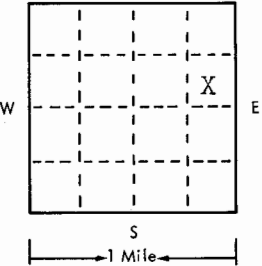


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Kearny	Township name Southside	Fraction SE of NE 1/4	Section number 5	Town number T S 25	Range number R W 35		
Distance and direction from nearest town or city: 4 miles South & 3 miles West of Deerfield, Ks. Street address of well location if in city:				3 Owner of well: Guy & Briesser- L.F. Roderick Address: Garden City, Ks. 67846				
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		4 Well depth: 275 ft. Date of completion 1-10-75 Well diameter 26 in.		
2 Type and color of material				From	To	5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
				Sand & Clay		0	3	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 <input type="checkbox"/>
				Medium to Coarse Gravel (Loose)		3	8	7 Casing: Material St. Height: above 4.55 Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Dia. 16 in. to 276 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 16 in. to 276 ft. depth! Weight 34.25 lbs./ft. 1
				Brown Clay		8	52	8 Screen: No screen used Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Perforations: 100-175 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4" down
				Brown Sandy Clay with streaks of Gravel (Loose) 35%		52	65	9 Static water level: 26 ft. below land surface Date 12-14-75
				Brown Clay		65	83	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. 40 ft. after 3 hrs. pumping 1263 g.p.m. Estimated maximum yield 1200 g.p.m.
				Brown Sandy Clay with Streaks of Gravel 30%		83	95	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
				Fine to Medium Sand & Gravel 20% Clay		95	112	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 18 inches above grade
				Brown Sandy Clay & Brown Clay		112	125	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Clay Puddled Depth: From 0 ft. to 10 ft.
				Fine to Medium Sand & Gravel (Loose)		125	145	14 Nearest source of possible contamination: N/A ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Brown Clay		145	155	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name FMC-Peerless Model number 3030 HP 100 Volts _____ Length of drop pipe 160 ft. capacity 800 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				
Fine to Medium Sand & Fine Gravel (Loose)		231	245	16 Remarks: elevation Good Well Customer well satisfied. Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley No Possible Contamination				
Fine to Medium Sand & Gravel (Loose)		245	274					
Brown Sandy Clay & Brown Clay (use a second sheet if needed)		274	290	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. Minter-Wilson Drlg. Co. 208 Business name _____ License No. _____ Address: Box 493 Garden City, Ks. Signed: <i>[Signature]</i> Date 3/13/75 Authorized representative				

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

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

page 2

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Kearny	Township name Southside	Fraction Se of NE 1/4	Section number 5	Town number TS 25	Range number R W 35
Distance and direction from nearest town or city: 1.1 miles South & 3 miles West of Beerfield, Kansas				3 Owner of well: Guy & Priesser - L.F. Roderick		
Street address of well location if in city:				Address: Garden City, Kansas 67846		
Locate with "X" in section below:		Sketch map:		4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in.		
N		W		5 <input type="checkbox"/> Cable tool <input 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		
E		S		6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____		
1 Mile				7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
2 Type and color of material			From	To	8 Screen:	
Brown, Gray & Yellow Clay (Hard)			290	315	Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
Blue Clay (Hard)			315	320	9 Static water level: _____ ft. below land surface Date _____	
					10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
					14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
					16 Remarks: elevation	
					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.	
					Business name _____ License No. _____ Address _____ Signed <i>M. Irene De Koyne</i> 3/13/75 Authorized representative	
					(use a second sheet if needed)	

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Form WWC-5