

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

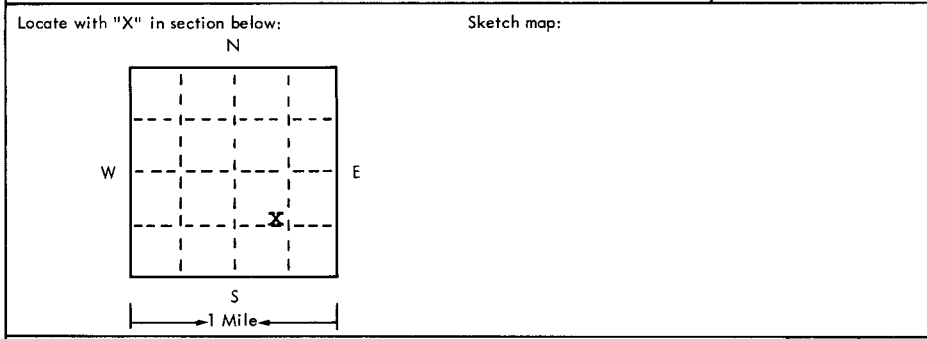
T R EW sec 1/4 1/4 1/4 No.

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 NW of SE 1/4	Section number 8	Town number TS 25	Range number RW 35
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Distance and direction from nearest town or city: 7 miles South of Deerfield, Ks. Street address of well location if in city:	3 Owner of well: C-C Cattle Co. Address: Ulysses, Ks.
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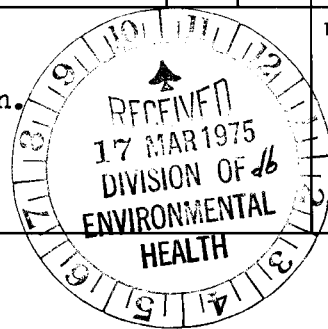
4 Well depth: <u>283</u> ft. Date of completion <u>1-26-75</u> Well diameter <u>26</u> in.
5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary
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"/>
7 Casing: Material <u>St.</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>16</u> in. Diam. <u>16</u> in. to <u>28 1/2</u> ft. depth Weight <u>34.45</u> lb./ft. <u>1</u> Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2	Type and color of material	From	To
	Top Soil & fine sand	0	25
	Fine to coarse sand & gravel	25	63
	Sandy Clay	63	80
	Fine to med. sand & gravel	80	100
	Sandy clay	100	110
	Fine to med. sand & gravel 15% Clay	110	140
	Sandy clay	140	157
	Fine to med. sand & gravel	157	240
	Sandy clay	240	255
	Fine to med. sand & gravel 25% clay	255	283
	Sandy Clay	283	432
	Yellow	432	435
	(use a second sheet if needed)		

8 Screen: Manufacturer <u>Johnson Division</u> Type <u>Galv.</u> Dia. <u>16"</u> Slot/size <u>100</u> Length <u>20'</u> Set between <u>220</u> ft. and <u>240</u> ft. Perforations: <u>110-220, 240-283</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/2"</u> down
9 Static water level: <u>86</u> ft. below land surface Date <u>1-21-75</u>
10 Pumping level below land surfaces: <u>110</u> ft. after <u>2</u> hrs. pumping <u>760</u> g.p.m. <u>160</u> ft. after <u>4</u> hrs. pumping <u>1120</u> g.p.m. Estimated maximum yield <u>1100</u> g.p.m.
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade
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 <u>0</u> ft. to <u>10</u> ft.
14 Nearest source of possible contamination: <u>N/A</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>FMC-Peerless</u> Model number <u>3776</u> HP <u>125</u> Volts _____ Length of drop pipe <u>180</u> ft. capacity <u>800</u> 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

16 Remarks: elevation Good Well.
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley
No possible contamination.

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 <u>Box 493 Garden City, Ks.</u> Signature <u>[Signature]</u> Date <u>3-13-75</u> Authorized representative



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

Form WWC-5