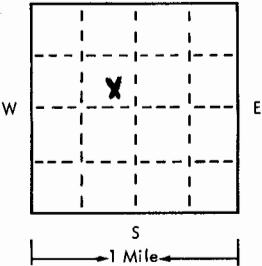


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 NW¹/₄	Section number 8	Town number TS 25	Range number RW 35
Distance and direction from nearest town or city: 7 miles South of Deerfield, Ks. 7 miles South of Deerfield, Ks.				3 Owner of well: C-C Cattle Co. Address: Ulusses, Ks.		
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		4 Well depth: 352 ft. Date of completion 1-20-70 Well diameter 20 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
Top soil & fine sand				0	50	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
Fine to med. sand & gravel				50	170	7 Casing: Material St. Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 1 1/2 in. Diam. 16 in. to 350 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 16 in. to 350 ft. depth
Blue Clay				170	200	8 Screen: Manufacturer Jonsson Division Type Galv. Dia. 10" Slot 1/8" Length 20' Set between 210 ft. and 220 ft. Perms: 100-310, 350-352 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4" down
Fine to med. sand & gravel				200	250	9 Static water level: 03 ft. below land surface Date 1-20-70
Sandy clay w/streaks of sand & gravel				250	250	10 Pumping level below land surfaces: 107 ft. after 5 hrs. pumping 1100 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 1100 g.p.m.
Fine to med. sand & gravel				250	207	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____
Sandy clay				207	205	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
Fine to med. sand & gravel				205	302	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.
Sandy clay				302	310	14 Nearest source of possible contamination: N/A ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fine to med. sand & gravel				310	352	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name FMC-Pearless Model number 5770 HP 125 Volts ____ Length of drop pipe 100 ft. capacity 000 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
Sandy clay				352	370	16 Remarks: elevation Good Well. Topography: No possible contamination. / <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley
Lost circulation (rock brown returned, no cuttings) Drilled lie yellow clay & limestone				370		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 Drilling Co., 208 Business name Box 495 Garden City, Ks. License No. ____ Address Signed [Signature] Date 3-13-70 Authorized representative
Lost circulation again				392		
(use a second sheet if needed)						

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

Form WWC-5