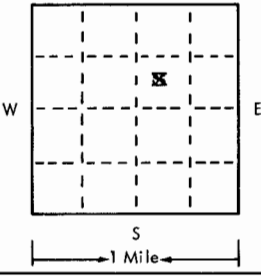


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SW of NE 1/4	Section number 10	Town number TS 25	Range number RW 35		
Distance and direction from nearest town or city: 7 miles South of Deerfield, Ks. Street address of well location in city:				3 Owner of well: C-C Cattle Co. Address: Ulysses, Ks.				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 320 ft. Date of completion 1-25-75 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			
			Top soil & fine sand		0	15	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"/>	
			Fine to med. sand & gravel (coarse loose)		15	95	7 Casing: Material St. Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 16 in. to 32 1/2 ft. depth Weight 34.25 lbs./ft. 1 Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			Clay		95	140	8 Screen: Manufacturer Johnson Division Type Galv. Dia. 16" Slot/gauge 100 Length 20' Set between 270 ft. and 290 ft. Perforations: 140-270, 290-320 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2" down	
			Fine to med. sand		140	145	9 Static water level: 67 ft. below land surface Date 1-15-75	
			Fine to med. sand & gravel (Loose)		145	183	10 Pumping level below land surfaces: 83 ft. after 2 hrs. pumping 967 g.p.m. 94 ft. after 4 hrs. pumping 1315 g.p.m. Estimated maximum yield 1300 g.p.m.	
			Blue clay		183	205	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
			Fine to med. sand & gravel (Loose)		205	234	12 Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade	
			Blue clay		234	250	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 med. sand & gravel (Loose)		250	290	14 Nearest source of possible contamination: N/A ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sandy clay		290	295	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name FMC-Peerless Model number 3777 HP 125 Volts _____ Length of drop pipe 180 ft. capacity 800 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				
Fine to med. sand & gravel (Loose)		295	320	16 Remarks: elevation Good well. Customer satisfied. Topography: No Possible contamination. <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				
Sandy clay w/streaks of fine to med. sand		320	335					
Sandy clay		335	370					
Yellow		370	395	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 208 Business name _____ License No. _____ Address Box 493 Garden City, Ks. Signed [Signature] Date 3-15-75 Authorized representative				
(use a second sheet if needed)								

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

Form WWC-5