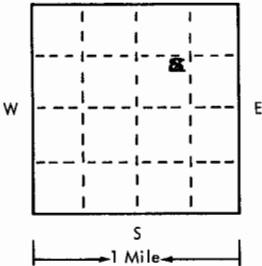


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

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

1 Location of well:	County <b>Kearny</b>	Township name <b>Southslae</b>	Fraction <b>SW of NE 1/4</b>	Section number <b>17</b>	Town number <b>TS 25</b>	Range number <b>RW 35</b>
Distance and direction from nearest town or city: <b>7 miles South of Deerfield, Ks.</b> Street address of well location if in city:				3 Owner of well: <b>C-C Cattle Co.</b> Address: <b>Ulysses, Ks.</b>		
Locate with "X" in section below: N  S W E 1 Mile				4 Well depth: <b>350</b> ft. Date of completion <b>1-24-75</b> Well diameter <b>20</b> in.		
2 Type and color of material				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 <b>St.</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>10</b> in. to <b>350</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer <b>Johnson Division</b> Type <b>Galv.</b> Dia. <b>16"</b> Slot/size <b>100</b> Length <b>20'</b> Set between <b>180</b> ft. and <b>200</b> ft. <b>Perforations: 100-180, 200-350</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>12" down</b>		
				9 Static water level: <b>54</b> ft. below land surface Date <b>1-21-75</b>		
				10 Pumping level below land surfaces: <b>03</b> ft. after <b>2</b> hrs. pumping <b>005</b> g.p.m. <b>07</b> ft. after <b>4</b> hrs. pumping <b>1200</b> g.p.m. Estimated maximum yield <b>1200</b> 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 <b>12</b> 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 <b>0</b> ft. to <b>10</b> ft.		
				14 Nearest source of possible contamination: <b>N/A</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				15 Pump: Manufacturer's name <b>FMC-Peerless</b> Model number <b>5810</b> HP _____ Volts _____ Length of drop pipe <b>200</b> ft. capacity <b>000</b> 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		
16 Remarks: elevation  Topography: <b>No possible contamination.</b> <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				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. <b>Minter-Wilson Drlg. Co. 200</b> Business name <b>Box 495 Garden City, Ks.</b> Address <b>3-13-75</b> Signed <b>[Signature]</b> Date <b>3-13-75</b> Authorized representative <b>[Signature]</b>		

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

Form WWC-5