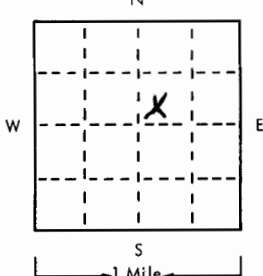


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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	Fraction NE 1/4	Section number 3	Town number 25 S	Range number 36 W
Distance and direction from nearest town or city: 1 1/2 m. S. of Lakin			3 Owner of well: Pope Jay Const. Co.			
Street address of well location if in city:			Address: Wlysses, Ks.			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 283 ft. Date of completion 5/12/75 Well diameter 9 3/8 in.
			5 <input type="checkbox"/> Cable tool <input checked="" 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			6 Use: <input checked="" 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"/>
			7 Casing: Material RMP Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight 320 lbs./ft. 5 in. to 203 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			8 Screen: Manufacturer JESS HOWELL Type RMP Dia. 5" Slot/gauze 1/8 Length 20' Set between 263 ft. and 283 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 4-4
2 Type and color of material			From	To	9 Static water level: 24 ft. below land surface Date 5/13/75	
Fine Sand			0	10	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.	
Rock (Gravel & Rock mixed)			10	55	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Brown Sandy clay			55	65	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 inches above grade	
Fine to med sand & Gravel (loose)			65	72	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"/> PORTLAND Depth: From 5 ft. to 15 ft.	
Course gravel (mixed with Rock)			72	74	14 Nearest source of possible contamination: ft. 250 Direction NORTH Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Brown Sandy Clay			74	80	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name PUMPCO Model number _____ HP 1 1/2 Volts 230 Length of drop pipe 185 ft. capacity 95 g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
Fine to med sand & Gravel (lt. clay)			80	95		
Brown Sandy Clay			95	100		
Fine to med sand & Gravel (loose)			100	106		
Brown Sandy Clay			106	127		
Fine to med sand & Gravel (loose)			127	148		
Brown Sandy Clay			148	165		
Fine to med sand & Gravel (loose)			165	170		
Brown Sandy Clay			170	185		
Fine to med sand & Gravel (loose)			185	188		
Brown Sandy Clay (second sheet if needed)			188	195		
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. JONACAN DRILLING INC Business name _____ License No. _____ Address GARDEN CITY Signed Matthew Jones Date 6/25/75 Authorized representative			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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.

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

(cont)

1 Location of well:	County <i>Kearney</i>	Township name	Fraction <i>NE 1/4</i>	Section number <i>3</i>	Town number <i>25S</i>	Range number <i>36W</i>
Distance and direction from nearest town or city:			3 Owner of well: <i>Pope Jay Const Co.</i>			
Street address of well location if in city:			Address: <i>1st & Elvess, Ks.</i>			
Locate with "X" in section below:			Sketch map:		4 Well depth: _____ ft. Date of completion _____ Well diameter _____ 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 type="checkbox"/> Reverse rotary	
					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"/> _____	
					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:		
	<i>Fine to med sand & gravel (loose)</i>	<i>195</i>	<i>205</i>	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 _____		
	<i>Brown sandy clay</i>	<i>205</i>	<i>222</i>	9 Static water level: _____ ft. below land surface Date _____		
	<i>Fine to med sand (loose)</i>	<i>222</i>	<i>235</i>	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.		
	<i>mixed with little white Rock</i>			11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
	<i>Yellow clay (Sticky)</i>	<i>235</i>	<i>261</i>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
	<i>Brown sandy clay (few streaks</i>	<i>261</i>	<i>270</i>	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.		
	<i>fine to med sand & gravel)</i>			14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>Fine to med sand & gravel (mixed</i>	<i>270</i>	<i>281</i>	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		
	<i>with white Rock)</i>	<i>281</i>	<i>295</i>			
	<i>Yellow Clay</i>					
(use a second sheet if needed)						
16 Remarks: elevation				17 Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>172</i> Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative		

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Form WWC-5