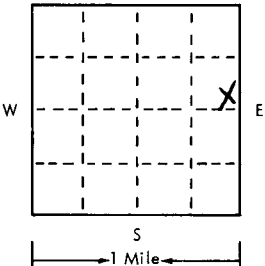
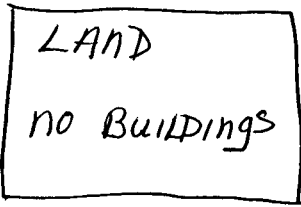


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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<br><b>HAMILTON</b> | Township name<br><b>BEAR CREEK</b> | Fraction<br><b>SE 1/4 SE 1/4 NE 1/4</b>                                                                                                                                                                               | Section number<br><b>26</b> | Town number<br><b>255</b>                                                                                                                                                                                                                                                                                                                                                                                                                            | Range number<br><b>43W</b>                                                                         |                                                                                                                                                                                                                                                                                                                                            |  |
| Distance and direction from nearest town or city: <b>8 miles south of</b>                                              |                           |                                    | 3 Owner of well: <b>GARRETT - JONES FARMS</b>                                                                                                                                                                         |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |  |
| Street address of well location if in city: <b>Coolidge, KANSAS</b>                                                    |                           |                                    | Address: <b>1011 N 79TH ST.<br/>LINCOLN, NEBRASKA 68501</b>                                                                                                                                                           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |  |
| Locate with "X" in section below:<br> |                           |                                    | Sketch map:<br>                                                                                                                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4 Well depth: <b>435</b> ft. Date of completion _____<br>Well diameter <b>27</b> in. <b>5-5-75</b> |                                                                                                                                                                                                                                                                                                                                            |  |
| 2 Type and color of material                                                                                           |                           |                                    | From To                                                                                                                                                                                                               |                             | 5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input type="checkbox"/>                                                                                                                                     |                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                        |                           |                                    |                                                                                                                                                                                                                       |                             | 7 Casing: Material <b>STEEL</b> Height: <b>above</b> below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in.<br>Diam. _____ Weight <b>48</b> lbs./ft.<br><b>D</b> in. to <b>435</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>_____ in. to _____ ft. depth                                                                                               |                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                        |                           |                                    |                                                                                                                                                                                                                       |                             | 8 Screen:<br>Manufacturer <b>ARMCO STEEL</b><br>Type <b>STEEL 3/16 W</b> Dia. <b>1 1/2</b><br>Slot gauge <b>3/16</b> Length <b>160'</b><br>Set between <b>275</b> ft. and <b>435</b> ft.<br>Fittings:<br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4</b>                                                                                                                           |                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |  |
| 9 Static water level:<br><b>180</b> ft. below land surface Date <b>6-9-75</b>                                          |                           |                                    | 10 Pumping level below land surfaces:<br><b>240</b> ft. after <b>6</b> hrs. pumping <b>800</b> g.p.m.<br><b>260</b> ft. after <b>30</b> hrs. pumping <b>1200</b> g.p.m.<br>Estimated maximum yield <b>1500</b> g.p.m. |                             | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                        |                           |                                    |                                                                                                                                                                                                                       |                             | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <b>20</b> inches above grade                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                        |                           |                                    |                                                                                                                                                                                                                       |                             | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/><br>Depth: From <b>0</b> ft. to <b>20</b> ft.                                                                                                                                                                                          |                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                        |                           |                                    |                                                                                                                                                                                                                       |                             | 14 Nearest source of possible contamination:<br>ft. <b>1/2 mile</b> Direction <b>SOUTH</b> Type <b>RD</b><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                        |                           |                                    |                                                                                                                                                                                                                       |                             | 15 Pump: <input type="checkbox"/> Not installed<br>Manufacturer's name <b>A.C. TAIT</b><br>Model number _____ HP <b>150</b> Volts _____<br>Length of drop pipe <b>320</b> ft. capacity <b>1500</b> g.m.p.<br>Type:<br><input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                        |                           |                                    |                                                                                                                                                                                                                       |                             | 16 Remarks: elevation                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Dreiling, Inc.</b> <b>270</b><br>Business name License No.<br>Address <b>Box 457 Holly, Colo 81047</b><br>Signed <b>[Signature]</b> Date _____<br>Authorized representative |  |
|                                                                                                                        |                           |                                    |                                                                                                                                                                                                                       |                             | Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley                                                                                                                                                                                                                                                                                                 |                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |  |

25 43W 26 SE SE NE