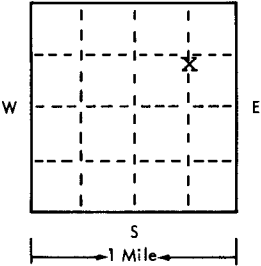


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Edwards	Township name South Brown	Fraction CNE 1/4	Section number 16	Town number T26S	Range number R18W	
Distance and direction from nearest town or city: 14 mi. Southeast of Kinsley, KS Street address of well location if in city:				3 Owner of well: XXXXXXXXXXXX X Dillon Trust #2+7 Address: Hutchinson Nat'l Bank, Hutchinson, KS			
Locate with "X" in section below: N 		Sketch map:		4 Well depth: 120 ft. Date of completion 3-3-75 Well diameter 24 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	
						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 Steel Height: (above/below) <u>12</u> in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. to <u>40</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>16</u> in. to <u>100</u> ft. depth	
						8 Screen: Manufacturer <u>Doerr</u> Type <u>Double-slot</u> Dia. <u>XXX 16"</u> Slot gauge <u>1/8</u> Length <u>52'</u> Set between <u>40</u> ft. and <u>72</u> ft. Fittings: <u>100'</u> & <u>120'</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8-200</u>	
						9 Static water level: <u>28</u> ft. below land surface Date <u>3-3-75</u>	
						10 Pumping level below land surfaces: <u>XXX</u> N/C ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ 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 <u>12</u> inches above grade							
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.							
14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
15 Pump: <input checked="" 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							
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input 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. <u>Clarke Well & Eq., Inc.</u> <u>185</u> Business name License No. Address <u>Great Bend, KS</u> Signed <u>[Signature]</u> Date <u>3-3-75</u> Authorized representative					

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

Form WWC-5