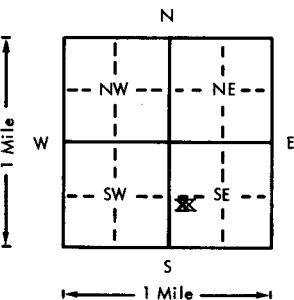


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

OFFERLE SE

1. Location of well:	County Ford	Fraction NW 1/4 SW 1/4 SE 1/4	Section number 13	Township number T 26 S	Range number R 21 E
2. Distance and direction from nearest town or city: 15 mi. Southeast of Spearville, KS Street address of well location if in city:			3. Owner of well: Dee Lightcap R.R. or street: City, state, zip code: Offerle, KS 67563		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. 24 in. Completion date 10-9-75 Well depth 30 ft.		
5. Type and color of material			7. <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			8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Gravel			9. Casing: Material Steel Height: Above or below Threading <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 30.3 lbs./ft. Dia. 16 in. to 12 ft. depth Wall Thickness: inches or Dia. 16 in. to 30 ft. depth gage No. 7 ga.		
Clay AND BIT			10. Screen: Manufacturer's name W. A. Brown Type Double-slot Dia. 16" Slot gauze 1/8 Length 10' Set between 12 ft. and 22 ft. _____ ft. and _____ ft. Gravel pack? Yes Size range of material 3/8-200		
_____			11. Static water level: _____ mo./day/yr. 4 ft. below land surface Date 10-9-75		
_____			12. Pumping level below land surfaces: _____ N/C _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
_____			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
_____			14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> _____ inches above grade		
_____			15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
_____			16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
_____			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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		
(Use a second sheet if needed)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: Five identical wells drilled in same area for manifold system hook-up. This form filed for 3 identical wells drilled on same day. Remaining 2 wells drilled on two other days--are on two other reports. TOPO 2255		20. 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. Clarke Well & Eq., Inc. 185 Business name License No. Address Great Bend, KS Signed [Signature] Date 10-9 Authorized representative		

T 26 R 21 E 13 NW 1/4 SE 1/4