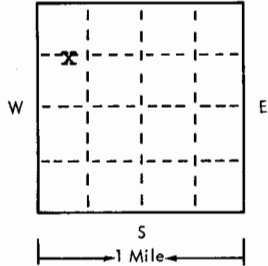


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Gray	Township name Ingalls	Fraction 250' W.	Section number 25	Town number T 26 S	Range number R 30 W
Distance and direction from nearest town or city: 7 1/4 south, 1/4 east Street address of well location if in city: Of Charleston, Ks.			3 Owner of well: Charles Thomas Address: Cimarron, Ks. 67835			
Locate with "X" in section below: N  W S 1 Mile			Sketch map:			4 Well depth: 262 ft. Date of completion 4-30-75 Well diameter 26 in.
2 Type and color of material			From			To
			8 Screen: Manufacturer Johnson Division Type Galv. Dia. 16" Slot/size 100 Length 20' Set between 186 ft. and 196 ft. 240-250 Perforations: 95-110, 170-186, 196-240 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 2 in. down			
			9 Static water level: 76 ft. below land surface Date 5-21-75			
			10 Pumping level below land surfaces: 104 ft. after 2 hrs. pumping 857 g.p.m. 119 ft. after 4 hrs. pumping 1254 g.p.m. Estimated maximum yield 1200 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 12 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 0 ft. to 10 ft.			
			14 Nearest source of possible contamination: N/A ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Peerless-FMC Model number 4791 HP 100 Volts _____ Length of drop pipe 160 ft. capacity 1200 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 Good Well. Topography: <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. Minter-Wilson Drilling Co. 208 Business name Box 493 Garden City, Ks. License No. _____ Address _____ Signed [Signature] Date 6-20-75 Authorized representative			

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

Form WWC-5

~~Professional~~ **MINTER-WILSON DRILLING CO.** INCORPORATED
Irrigation and Domestic Water Systems
Complete Installation and Repairing

Phone 276-8269 • P.O. Box 493 • GARDEN CITY, KANSAS 67846

O T FARMS
& CHARLES THOMAS
Gray County
4-23-75

Location: NW $\frac{1}{4}$ 25-26-30 250' West of Pivot offset
Static Water Level - 60'

Test # 4

0	?	Top soil
1	32	Brown clay
32	46	Fine sand
46	51	Light brown clay
51	65	Med. coarse gravel (Loose)
65	70	Gray clay
70	78	Med. coarse gravel (Loose)
78	94	Brown sandy clay
94	109	Fine to med. sand & gravel (Loose)
109	151	Brown sandy clay
151	170	Brown sandy clay - white rock (Hard)
170	196	Fine to med. sand & gravel (Loose)
196	209	Brown sandy clay
209	262	Fine to med. sand & gravel (Loose)
262	276	Brown sandy clay
276	286	Yellow clay
286	289	Shale

TD - 262'
20' Screen