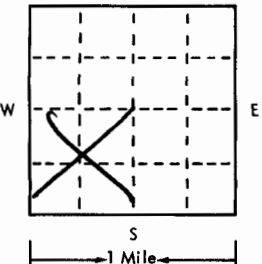


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Pratt</b> | Township name<br><b>S</b> | Fraction<br><b>SW 1/4</b>  | Section number<br><b>33</b> | Town number<br><b>T27S</b>  | Range number<br><b>R13W</b> |
| Distance and direction from nearest town or city:<br>Street address of well location if in city:<br><b>on US 54 @ West edge of Pratt</b>   |                        |                           | 3 Owner of well:<br><b>Roy Ralston</b><br>Address:<br><b>Pratt, Kansas</b>   |                             |   |                             |
| Locate with "X" in section below:<br>N<br><br>W E<br>S<br>1 Mile  |                        |                           | 4 Well depth: <b>51.7</b> ft. Date of completion <b>9/18/75</b><br>Well diameter <b>8</b> in.  |                             |   |                             |
| 2 Type and color of material   |                        |                           | 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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well  |                             |   |                             |
|  |                        |                           | 7 Casing: Material <b>Plst</b> Height: above/below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>20</b> in.<br>Diam. <b>5</b> in. to <b>30</b> ft. depth Weight <b>5</b> lbs./ft.<br>Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>5</b> in. to <b>30</b> ft. depth <b>PVC</b> |                             |   |                             |
|  |                        |                           | 8 Screen: <b>PVC</b><br>Manufacturer _____<br>Type <b>Plastic</b> Dia. <b>5</b> "<br>Slot/gauge <b>1/16</b> Length <b>20</b> '<br>Set between <b>30</b> ft. and <b>50</b> ft.<br>Fittings:<br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____   |                             |   |                             |
|  |                        |                           | 9 Static water level:<br><b>13.6</b> ft. below land surface Date <b>9/18/75</b>  |                             |   |                             |
| Top soil   |                        |                           | 0  | 2                           | 10 Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.  |                             |
| Fine sand  |                        |                           | 2  | 11                          | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |                             |
| Gray clay  |                        |                           | 11   | 23                          | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 20<br>Inches above grade   |                             |
| Med. to coarse sand to med. gravel   |                        |                           | 23   | 35                          | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/><br>Depth: From <b>1</b> ft. to <b>10</b> ft.  |                             |
| Med. to coarse sand to very coarse gravel  |                        |                           | 35   | 50                          | 14 Nearest source of possible contamination: <b>House</b><br>ft. <b>50</b> Direction <b>NW</b> Type <b>Sewer</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                             |
| Red shale  |                        |                           | 50   | 55                          | 15 Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.m.p.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                             |
| (use a second sheet if needed)   |                        |                           |  |                             |   |                             |
| 16 Remarks: elevation<br><b>72'</b><br>Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley |                        |                           | 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>Layne Western Co.</b> <b>102</b><br>Business name License No.<br>Address <b>Wichita, Kansas</b><br>Signed <b>[Signature]</b> Date <b>9/22/75</b>  |                             |   |                             |

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

Form WWC-5