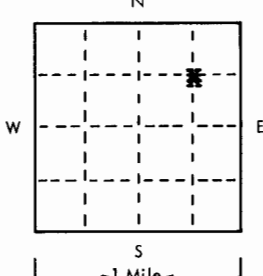


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Pratt	Township name Ninnescah	Fraction CNE$\frac{1}{4}$	Section number 18	Town number T27S	Range number R14W																											
Distance and direction from nearest town or city: 5$\frac{1}{2}$ mi. North of Cullison, Kansas Street address of well location if in city:				3 Owner of well: N. L. Swinson Address: Tulsa, Oklahoma																													
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Sand & top soil</td> <td>0</td> <td>4</td> </tr> <tr> <td>Sandy clay & sand</td> <td>4</td> <td>62</td> </tr> <tr> <td>Sand & gravel</td> <td>62</td> <td>85</td> </tr> <tr> <td>Brown & gray clay</td> <td>85</td> <td>96</td> </tr> <tr> <td>Sand & gravel</td> <td>96</td> <td>134</td> </tr> <tr> <td>Brown & gray clay clay & limestone</td> <td>134</td> <td>163</td> </tr> <tr> <td>Sand & gravel</td> <td>163</td> <td>183</td> </tr> <tr> <td colspan="3" style="text-align:center;">(use a second sheet if needed)</td> </tr> </tbody> </table>				2 Type and color of material	From	To	Sand & top soil	0	4	Sandy clay & sand	4	62	Sand & gravel	62	85	Brown & gray clay	85	96	Sand & gravel	96	134	Brown & gray clay clay & limestone	134	163	Sand & gravel	163	183	(use a second sheet if needed)			4 Well depth: 183 ft. Date of completion 7-15-75 Well diameter 24 in.		
				2 Type and color of material	From	To																											
				Sand & top soil	0	4																											
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(use a second sheet if needed)																																	
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																																	
7 Casing: Material Steel Height: <u>above</u> / <u>below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. _____ Weight 30.3 lbs./ft. 16 in. to 93 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 16 in. to 163 ft. depth																																	
8 Screen: Manufacturer W. A. Brown Type Double-slot Dia. 16" 1/8 Slot gauze Length 60' Set between 93 ft. and 133 ft. Fittings: 163' & 183' Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/8x-200																																	
9 Static water level: 36 ft. below land surface Date 7-15-75																																	
10 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.																																	
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: 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. Clarke Well & Eq., Inc. 185 Business name License No. Address Great Bend, KS Signed <i>[Signature]</i> Date 7-15-75 Authorized representative																													

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

Form WWC-5