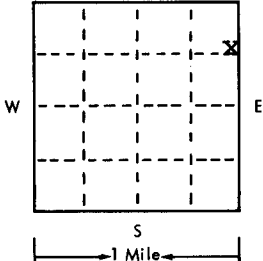


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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)  
Farbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <u>Kiowa</u>	Township name <u>Union</u>	Fraction <u>NE 1/4</u> of <u>NE 1/4</u>	Section number <u>22</u>	Town number <u>T27S</u>	Range number <u>R17W</u>
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: <u>Willard B. Thompson</u> Address: <u>Wichita, Kansas</u>		
Locate with "X" in section below: N 		Sketch map:		4 Well depth: <del>XXX</del> <u>140'</u> ft. Date of completion <u>3-27-75</u> Well diameter <u>24</u> in.		
2 Type and color of material				5 <input type="checkbox"/> Coble 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 <u>Steel</u> Height <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. to <u>60</u> ft. depth Weight <u>30.3</u> lbs./ft. <u>16</u> in. to <u>120</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				8 Screen: Manufacturer <u>W. A. BROWN</u> Type <u>DOUBLE-SLAT 16"</u> Slot gauge <u>1/8</u> Length <u>60'</u> Set between <u>60</u> ft. and <u>100</u> ft. Fittings: <u>120'</u> & <u>140'</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>33</u> ft. below land surface Date <u>3-27-75</u>		
				10 Pumping level below land surfaces: <u>N/C</u> ____ 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  (use a second sheet if needed)				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 &amp; Eq., Inc.</u> <u>185</u> Business name License No. Address <u>Great Bend, KS</u> Signed <u>[Signature]</u> Date <u>3-27-75</u> Authorized representative		

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

Form WWC-5