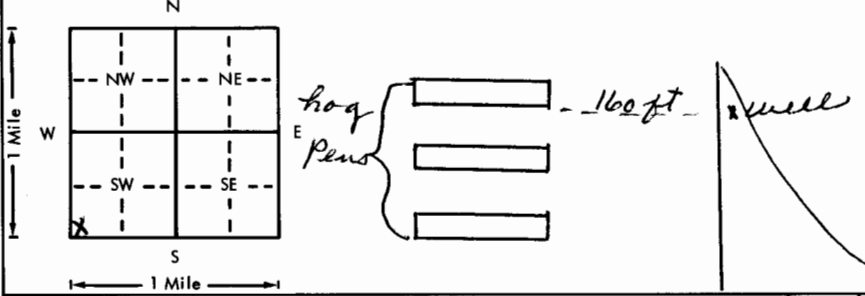


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

1. Location of well:	County <b>Grant</b>	Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section number <b>6</b>	Township number <b>T 27 S</b>	Range number <b>R 35</b>
2. Distance and direction from nearest town or city: <b>9 east, 3 north of Ulysses, Ks.</b> Street address of well location if in city:			3. Owner of well: <b>Jasper Smith</b> R.R. or street: <b>RFD 1</b> City, state, zip code: <b>Ulysses, Ks. 67880</b>		
4. Locate with "X" in section below: 			6. Bore hole dia. <b>9 3/4</b> in. Completion date <b>9/7/77</b> Well depth <b>360</b> ft.		
5. Type and color of material			7. <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary		
Surface			8. Use: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Public supply <input type="checkbox"/> Industry		
Very fine to fine sand w/clay breakers			<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock		
Sandy clay w/sand strips			<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Medium to coarse sand & gravel w/clay breakers			9. Casing: Material <b>styrene</b> Height: Above or below		
Fine to coarse sand & gravel w/clay breakers			Threading <b>valued</b> Surface <b>12</b> in.		
Medium to coarse sand & gravel w/clay breakers			RMP <b>PVC</b> Weight <b>12</b> lbs./ft.		
Medium to coarse sand w/clay breakers			Dia. <b>5</b> in. to <b>280</b> ft. depth Wall Thickness: inches or		
			Dia. <b>5</b> in. to <b>280</b> ft. depth gage No. <b>320</b>		
			10. Screen: Manufacturer's name <b>Sunflower</b>		
			Type <b>styrene</b> Dia. <b>5"</b>		
			Slot/gauze <b>1/16"</b> Length <b>80'</b>		
			Set between <b>280</b> ft. and <b>360</b> ft.		
			Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4"</b>		
			11. Static water level: <b>191</b> ft. below land surface Date <b>9/7/77</b>		
			12. Pumping level below land surfaces: <b>203</b> ft. after <b>5</b> hrs. pumping <b>40</b> g.p.m.		
			Estimated maximum yield <b>100</b> g.p.m.		
			13. Water sample submitted: <b>191</b> ft. below land surface Date <b>9/7/77</b>		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
			Depth: From <b>0</b> ft. to <b>10</b> ft.		
			16. Nearest source of possible contamination: <b>160</b> ft. <b>west</b> <b>hog pens</b>		
			Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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		
18. Elevation:			20. Water well contractor's certification:		
19. Remarks:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			<b>Houck Bros. Drilling Co. 164</b>		
			Business name <b>Box 487, Ulysses, Ks. 67880</b>		
			Address <b>Box 487, Ulysses, Ks. 67880</b>		
			Signed <b>M. Beard</b> Date <b>9/7/77</b>		
			Authorized representative		

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5