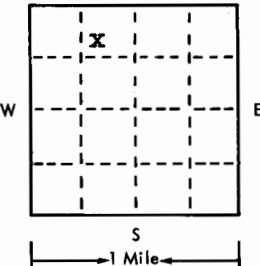


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Grant</u> <u>Grant</u>	Township name <u>Sherman</u>	Fraction <u>NE of NW 1/4</u>	Section number <u>9</u>	Town number <u>TS 27</u>	Range number <u>RW 36</u>
Distance and direction from nearest town or city: <u>5 miles South of Lakin, Ks.</u> Street address of well location if in city:			3 Owner of well: <u>Morris Estate</u> Address: <u>R.W. Lohman</u> <u>Kendall, Kansas</u>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <u>420</u> ft. Date of completion <u>1-1-85</u> Well diameter <u>26</u> in.
2			Type and color of material	From	To	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
			<u>Sand & clay mixed</u>	<u>0</u>	<u>8</u>	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
			<u>Brown clay</u>	<u>8</u>	<u>24</u>	7 Casing: Material <u>St.</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. to <u>421</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight <u>34.25</u> lbs./ft. 1
			<u>Brown sandy clay</u>	<u>24</u>	<u>35</u>	8 Screen: <u>No screen used.</u> Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Perforations: <u>220-420</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/2" down</u>
			<u>Brown sandy clay w/streaks of fine to med. sand 30%</u>	<u>35</u>	<u>52</u>	9 Static water level: <u>184</u> ft. below land surface Date <u>1-21-75</u>
			<u>Fine to med. sand</u>	<u>52</u>	<u>65</u>	10 Pumping level below land surfaces: <u>196</u> ft. after <u>2</u> hrs. pumping <u>831</u> g.p.m. <u>204</u> ft. after <u>4</u> hrs. pumping <u>1288</u> g.p.m. Estimated maximum yield <u>1200</u> g.p.m.
			<u>Brown sandy clay</u>	<u>65</u>	<u>90</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
			<u>Fine to med. sand & fine gravel 10% clay (Loose)</u>	<u>90</u>	<u>95</u>	12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
			<u>Fine to med. sand & gravel (Loose)</u>	<u>95</u>	<u>137</u>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Clay Puddled</u> <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite Depth: From <u>0</u> ft. to <u>10</u> ft.
			<u>Brown sandy clay</u>	<u>137</u>	<u>155</u>	14 Nearest source of possible contamination: <u>N/A</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<u>Brown & gray & blue clay</u>	<u>155</u>	<u>180</u>	15 Pump: Manufacturer's name <u>FMC-Peerless</u> Model number <u>3472</u> HP <u>125</u> Volts _____ Length of drop pipe <u>220</u> ft. capacity <u>800</u> g.m.p. 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
			<u>Fine to med. sand & gravel (Loose)</u>	<u>180</u>	<u>200</u>	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>Minter-Wilson Drilling Co. 208</u> Business name _____ License No. _____ Address <u>Box 493 Garden City, Ks.</u> Signed <u>[Signature]</u> Date <u>3-19-75</u> Authorized representative
			<u>Fine to med. sand & gravel 10% clay (Loose)</u>	<u>200</u>	<u>215</u>	
			<u>Fine to med. sand 10% clay (Loose)</u>	<u>215</u>	<u>230</u>	
			<u>Blue clay</u> (use a second sheet if needed)	<u>230</u>	<u>247</u>	
16 Remarks: elevation <u>Good well.</u> Topography: <u>No Possible contamination.</u> <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

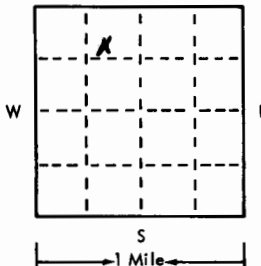
Form WWC-5

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 Grant	Township name Sherman	Fraction NE 1/4 NW 1/4	Section number 9	Town number T 215	Range number R 30 W
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: Morris Estate R.W. Lohman Kendall, Ks.		
Locate with "X" in section below: N  W S 1 Mile				Sketch map:		
2 (Cont'a.)				4 Well depth: _____ ft. Date of completion 1-1-75 Well diameter _____ in.		
				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 type="checkbox"/> Reverse rotary		
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____		
				7 Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
				9 Static water level: _____ ft. below land surface Date _____		
				10 Pumping level below land surfaces: _____ 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 type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
				14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input 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		
(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. Minter-Wilson DRUG Co. 208 Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5