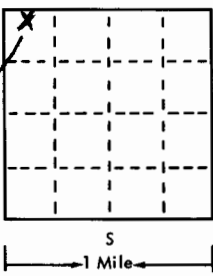
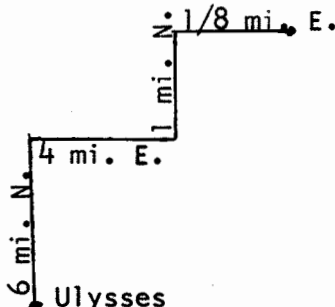


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NW 1/4	Fraction NW 1/4	Section number 20	Town number T27S	Range number R36W
Distance and direction from nearest town or city: 6 mi. N., 4 mi. E., 1 mi. N., 1/8 mi. E. Street address of well location if in city: of Ulysses				3 Owner of well: Robert Petro Address: 6820 SW Dancaster St., Route 9 Topeka, Kansas 66604		
Locate with "X" in section below: 		Sketch map: 		4 Well depth: 381 ft. Date of completion 1-27-75 Well diameter 26 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
						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"/>
Surface & Fine Sand		0		15		7 Casing: Material Steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 3 1/2 lbs./ft. 16 in. to 381 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Brown Clay		15		90		8 Screen: Manufacturer Johnson Type Galvanized Dia. 16" Slot/gauze 100X100 Length 20' Set between 300 ft. and 320 ft. 50 lbs. per ft. Fittings SEE REMARKS Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2" down
Blue Clay		90		235		9 Static water level: 158 ft. below land surface Date 2-8-75
Brown Clay		235		240		10 Pumping level below land surfaces: 190 ft. after 2 hrs. pumping 300 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 1600 g.p.m.
Coarse Sand		240		260		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____
Brown Sandy Clay		260		285		12 Well head completion: 12" <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
Coarse Sand & Clay Streaks		285		300		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 10 ft.
Coarse Sand		300		320		14 Nearest source of possible contamination: in field ft. ____ Direction none Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Blue & Brown Clay		320		330		15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Goulds Model number 14M HP 200 Volts ____ Length of drop pipe 260 ft. capacity 1600 g.p.m. 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
Dakota - Blue & Brown Clay 60%		330		375		16 Remarks: elevation Drilling Sub-contracted to: Minter-Wilson Drilling Co. License #208 Garden City, Kansas 67846 Topography: <input checked="" type="checkbox"/> Hill * Lakewood Perf. - Slot - .125 X 66 <input type="checkbox"/> Slope was set from 240' to 300' <input type="checkbox"/> Upland and from 320' to 381' <input type="checkbox"/> Valley
Blue Shale		400		420		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. K. I. Drilling Co. 263 Business name License No. Address Box 669, Ulysses, Kan. Signed Bob J. J. J. date 2-8-75 Authorized representative

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

Form WWC-5