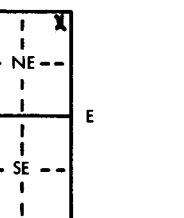


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

County	Stanton	Fraction NE 1/4 NE 1/4 NE 1/4	Section number 24	Township number T 27 S R	Range number 40 E/W
2. Distance and direction from nearest town or city: 15 west, 8 north of Ulysses, Ks.			3. Owner of well: Molz Bros. Syracuse, Ks. 67878		
Street address of well location if in city:			City, state, zip code:		
4. Locate with "X" in section below: <div style="text-align: center;"></div>			Sketch map:		
			6. Bore hole dia. <u>.27</u> in. Completion date _____ Well depth <u>359.8</u> ft. <u>Oct. 30-1976</u>		
			7. Cable tool <input checked="" type="checkbox"/> Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary		
			8. Use: Domestic ___ Public supply ___ Industry ___ <input checked="" type="checkbox"/> Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other ___		
			9. Casing: Material <u>steel</u> Height: Above or below surface ___ Threaded ___ Welded <input checked="" type="checkbox"/> Surface <u>14</u> in. RMP ___ PVC ___ Weight <u>36.8</u> lbs./ft. Dia. <u>16</u> in. to <u>171.7</u> ft. depth Wall thickness <u>1.19</u> inches or more Dia. ___ in. to ___ ft. depth Gauge No. _____		
5. Type and color of material			From To		
Surface			0 2		
Sandy clay			2 18		
Medium to coarse sand			18 42		
Fine to medium sand w/clay breakers			42 130		
Fine snady clay			130 193		
Fine to coarsr sand w/clay breakers			193 283		
Sandstone			283 360		
(Use a second sheet if needed)					
18. Elevation:		19. Remarks:			
<div>Topography: ___ Hill <input checked="" type="checkbox"/> Slope ___ Upland ___ Valley</div>					
		20. 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. Houck Bros. Drilg. Co. 16 Business name Box 487, Ulysses, License No. KS. Address M. Beard Date 11/3/76 Signed Authorized representative			

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

Form WWC-5