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

WATER WELL RECORD
KSA 82a-1201-1215

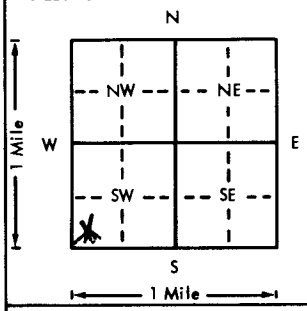
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Kiowa	Fraction: SW 1/4 SW 1/4 SW 1/4	Section number: 7	Township number: T 28 S	Range number: R 19 E (W)

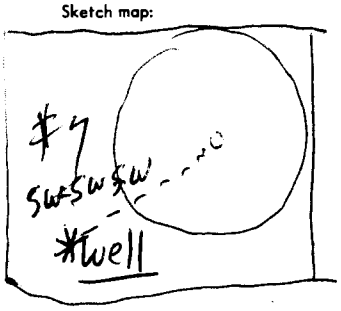
2. Distance and direction from nearest town or city: 2½ E 2½ M.
Street address of well location if in city: Mullinville Kans.

3. Owner of well: Everett Coplind
R.R. or street: Ford Kans
City, state, zip code:

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 30 in. Completion date 11-7-75
Well depth 136 ft.

7. __ Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored X Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
X Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material Iron Height Above or below
Threaded ___ Welded X Surface 25" in.
RMP ___ PVC ___ Weight 37 lbs./ft.
Dia. 16 in. to 96 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 188 wall

5. Type and color of material	From	To
0 3 to Soil	0	3
3 35 Clay & Sandy clay	3	35
35 70 Sand & Gravel	35	70
70 95 Clay	70	95
95 133 Sand & Gravel Good	95	133
133 136 Clay Shale	133	136

(Use a second sheet if needed)

10. Screen: Manufacturer's name Dowens Mental Coatings
Type Iron Dia. 16
Slot/gauze 3/16" Length 40'
Set between 96 ft. and 136 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/4 X 5/8

11. Static water level: mo./day/yr.
95 ft. below land surface Date 11-9-75

12. Pumping level below land surfaces:
115 ft. after 2 hrs. pumping 1000 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 1400 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date

14. Well head completion:
___ Pitless adapter 12" Inches above grade

15. Well grouted? yes
With: ___ Neat cement X Bentonite ___ Concrete
Depth: From 10 ft. to 0 ft.

16. Nearest source of possible contamination: None
ft. ___ Direction ___ Type
Well disinfected upon completion? ___ Yes X No

17. Pump: ___ Not installed
Manufacturer's name Fairbanks Morris
Model number 7010 HP 70 Volts
Length of drop pipe 120 ft. capacity 900 g.p.m.
Type:
___ Submersible X Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:
Topography:
___ Hill
X Slope
___ Upland
___ Valley

19. Remarks: Sand Hill farm

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.
Albert W Brown Well 150217
Business name License No.
Address Box 56 Buckeln
Signed Albert W Brown Date 11-13-75
Authorized representative

T 28 R 19 E (W) Sec 7 1/4 SW 1/4 SW 1/4 SW 1/4

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

Form WWC-5

MI-1023