

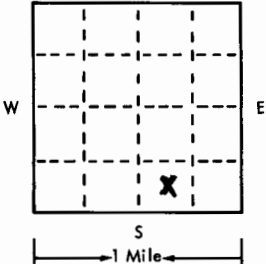
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

*CSW 1/4*

1 Location of well:	County <b>GRANT</b>	Township name <b>LINCOLN</b>	Erection <b>1/4</b>	Section number <b>29</b>	Town number <b>T 28 S</b>	Range number <b>R 37 W</b>	
Distance and direction from nearest town or city: <b>1 mile west &amp; 300 ft. north</b>			3 Owner of well: <b>Nadine Ladner, Box 178</b>				
Street address of well location if in city:			Address: <b>Ulysses, Kansas 67880</b>				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: <b>See attached copy</b>			4 Well depth: <b>345</b> ft. Date of completion <b>4-2-75</b> Well diameter <b>9 7/8</b> .	
2 Type and color of material			From		To		
			Surface & brown clay		0 15		5 <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
			Brown clay		15 60		6 Use: <input checked="" 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
			Blue clay		60 75		7 Casing: Material <b>Strip</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>Glued</b> Weight _____ lbs./ft. <b>5</b> in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>5</b> in. to <b>345</b> ft. depth
			Brown clay		75 105		8 Screen: <b>Jesse &amp; Lowell</b> Manufacturer <b>Jesse &amp; Lowell</b> Type <b>320 wall</b> Dia. <b>5</b> Slot/gauze <b>1/16</b> Length _____ Set between <b>0-265</b> and <b>21</b> ft. <b>265-285</b> Perf. Fittings: <b>285-325 pl.:</b> <b>325-345</b> Perf. Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/8 - 1/2</b>
			Sand		105 120		9 Static water level: <b>100</b> ft. below land surface Date <b>3-25-1975</b>
			Brown clay		120 165		10 Pumping level below land surfaces: <b>N A</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
			Sand		165 195		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
			Fine brown sand		195 210		12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> Inches above grade
			Brown clay		210 240		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>8</b> ft. to <b>20</b> ft.
Green clay		240 255		14 Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Coarse sand		255 285		15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Gould</b> Model number <b>NA</b> HP <b>5</b> Volts <b>230</b> Length of drop pipe <b>272</b> ft. capacity <b>30</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
Brown sandy clay <b>30%</b>		285 330		16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			
Brown clay, lava rock & strippy sandstone		330 345					
(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. <b>Wagner Drlg. 253</b> Business name _____ License No. _____ Address <b>Ulysses, Ks. 67880</b> Signed <i>[Signature]</i> Date <b>4-4-75</b> Authorized representative				

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

Form WWC-5