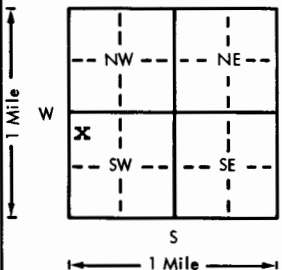
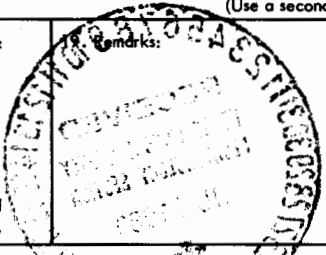


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <b>Grant</b>	Fraction <b>SW 1/4 NW 1/4 SW 1/4</b>	Section number <b>29</b>	Township number <b>T 28 S R 37 E/W</b>	Range number
2. Distance and direction from nearest town or city: <b>2M west, 1/4 N, of Ulysses, Kansas</b> <small>Street address of well location if in city:</small>			3. Owner of well: <b>Green Acres Mobile Home Park</b> R.R. or street: <b>W. Hwy.160</b> City, state, zip code: <b>Ulysses, Kansas</b>		
4. Locate with "X" in section below: N  W E S 1 Mile 1 Mile			Sketch map: <b>1650' N of the SW corner of the SW 1/4, Sec. 29, T28S, R37W, Grant County, Kansas</b>		
5. Type and color of material			From	To	6. Bore hole dia. <u>12</u> in. Completion date <u>3/26/77</u> Well depth <u>283</u> ft. 7. <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 8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other 9. Casing: Material <u>stl</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>6</u> in. to <u>20</u> ft. depth; Wall Thickness: inches or Dia. <u>6</u> in. to <u>211</u> ft. depth; gage No. <u>188</u> 10. Screen: Manufacturer's name <u>Doerr</u> Type <u>louvered</u> Dia. <u>6"</u> Slot/gauze <u>1/16"</u> Length <u>72</u> Set between <u>211</u> ft. and <u>283</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material _____ 11. Static water level: _____ mo./day/yr. <u>160</u> ft. below land surface Date <u>28 Oct. 76</u> 12. Pumping level below land surfaces: <u>not pumped</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ inches above grade 15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>6</u> ft. to <u>20</u> ft. 16. Nearest source of possible contamination: <u>unk</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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
Top soil			0	3	
Tan clay and caliche			3	25	
Fine sand			25	40	
Tan clay			40	84	
Fine sand			84	90	
Tan clay			90	161	
Fine to coarse sand			161	172	
Tan clay fine sand streaks			172	238	
Fine to medium sand clay streaks			238	260	
Fine to medium sand and gravel			260	280	
Tan sandy clay			280	312	
Hard bed rock			312	340	
18. Elevation:			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. <b>Layne-Western Co., Inc. 102</b> Business name License No. Address <b>Garden City, Kansas</b> Signed _____ Date <u>12 May 77</u> Authorized Representative		



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

Form WWC-5

280  
 28  
 37  
 29  
 SW 1/4 SW 1/4  
 T 28 S R 37 E/W  
 Sec 29