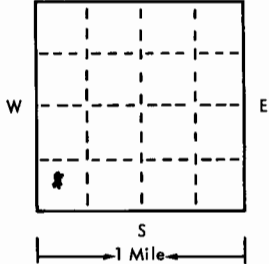


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Lincoln	Fraction NE 1/4 SW 1/4	Section number 36	Town number 28S	Range number 37W																														
Distance and direction from nearest town or city: South of Ulysses, KS 2 Mile East 3/4 Mile				3 Owner of well: Richard Rudzik Address: Ulysses Kansas																																
Locate with "X" in section below: 				Sketch map:																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>surface</td> <td>0'</td> <td>20'</td> </tr> <tr> <td>clay</td> <td>20'</td> <td>117'</td> </tr> <tr> <td>fine sand</td> <td>117'</td> <td>140'</td> </tr> <tr> <td>clay w/ fine sand</td> <td>140'</td> <td>210'</td> </tr> <tr> <td>sand + sand rock</td> <td>210'</td> <td>265'</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				2 Type and color of material	From	To	surface	0'	20'	clay	20'	117'	fine sand	117'	140'	clay w/ fine sand	140'	210'	sand + sand rock	210'	265'													4 Well depth: 265' ft. Date of completion 7-14-75 Well diameter 9" in.		
				2 Type and color of material	From	To																														
				surface	0'	20'																														
				clay	20'	117'																														
				fine sand	117'	140'																														
				clay w/ fine sand	140'	210'																														
				sand + sand rock	210'	265'																														
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																																				
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 <input type="checkbox"/> _____																																				
7 Casing: Material Steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12" in. Diam. _____ Weight 320 lbs./ft. _____ 3 in. to 265 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth																																				
8 Screen: Manufacturer Sun Flower Type Styrene Dia. 5" Slot/groove _____ Length 20' Set between 240 ft. and 260 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material #1																																				
9 Static water level: 117 ft. below land surface Date _____																																				
10 Pumping level below land surfaces: 180' ft. after 24 hrs. pumping 10 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 g.p.m.																																				
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date 7-15-75																																				
12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade																																				
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 1" ft. to 10 ft.																																				
14 Nearest source of possible contamination: ft. 1/4 mile Direction West Type Lake Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																				
15 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 checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other																																				
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																																				
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. Jim Smith Pump Serv 160 Business name _____ License No. _____ Address Box 307 Signed Jim Smith Date 7-16-75 Authorized representative																																				