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

WATER WELL RECORD
KSA 82a-1201-1215

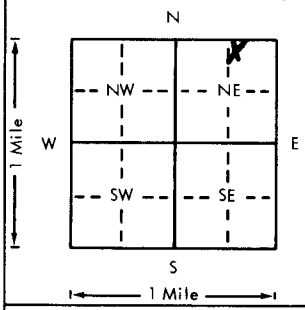
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Sedg.	Fraction: NW 1/4 NE 1/4 NE 1/4	Section number: 3	Township number: T 29 S	Range number: R 2 E (W)

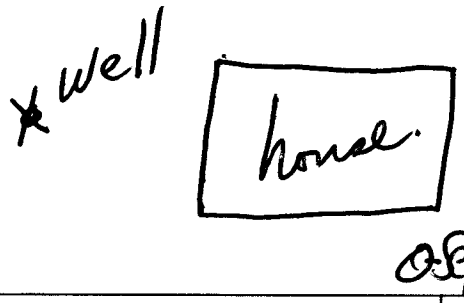
2. Distance and direction from nearest town or city: 5 No. 1 1/4 W, Clearwater Ks.
Street address of well location if in city:

3. Owner of well: Don Shue
R.R. or street: R#2
City, state, zip code: Clearwater Ks 67026

4. Locate with "X" in section below:



Sketch map:



5. Type and color of material	From	To
Top soil	0	2
gravel.	2	20
blue-green shale	20	38
brown shale.	38	42
charcoal shale	42	60
brown shale	60	62
charcoal shale.	62	65

(Use a second sheet if needed)

6. Bore hole dia. 11 in. Completion date 6/13/78
Well depth 65 ft.

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

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

9. Casing: Material Styrene Height: Above (0) or below
Threaded ___ Welded X Surface 12 in.
RMP X PVC ___ Weight 1.50 lbs./ft.
Dia. 5 in. to 65 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

10. Screen: Manufacturer's name Sunflower
Type 200 Dia. 5 in
Mot/gauze 11/16 Length 30/7
Set between 45 ft. and 65 ft.
26 ft. and 36 ft.
Gravel pack yes Size range of material 3/8

11. Static water level: mo./day/yr.
25 ft. below land surface Date 6/13/78

12. Pumping level below land surfaces:
40 ft. after 1/2 hrs. pumping 15 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 20-25 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 __ Bentonite X Concrete
Depth: From 3 ft. to 13 ft.

16. Nearest source of possible contamination:
ft. 100+ Direction ___ Type Septic
Well disinfected upon completion? X Yes __ No

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

18. Elevation:

Topography:
X Hill
__ Slope
__ Upland
__ Valley

19. Remarks:
Customer to furnish 4'x4'x4" slab around well at grade Per State Regulations
Signed X Donald L. [illegible]

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.
Warner Drilling 318
Business name License No.
Address Colwich Ks
Signed [illegible] Date 6/13/78
Authorized representative

29 — 2 (E) (W) — 3 — NW NE NE
T R Sec 1/4 1/4 1/4

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

Form WWC-5

MI-1023