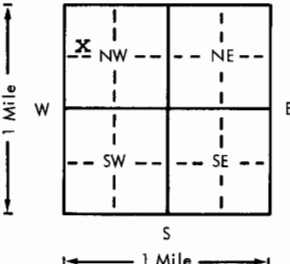


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

sent to Leonard 3-23-77

1. Location of well:	County Grant	Fraction SW 1/4 NW 1/4 NW 1/4	Section number 5	Township number T 29 S R 37	Range number EW
2. Distance and direction from nearest town or city: Ulysses, Kansas Street address of well location if in city:			3. Owner of well: City of Ulysses R.R. or street: City, state, zip code: Ulysses, Kansas		
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map: 1109' South and 304' E of the NW corner of the NW 1/4, Sec. 5, T29S, R37W, Grant County, Kansas.		
5. Type and color of material			From	To	6. Bore hole dia. 30 in. Completion date 3-3-77 Well depth 480 ft.
Fine sand			0	14	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
Tan clay sand streaks			14	83	8. Use: <input type="checkbox"/> Domestic <input checked="" 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
Blue clay			83	218	9. Casing: Material Stl Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 37 lbs./ft. Dia. 20 in. to 222 ft. depth Wall Thickness: inches or X 370 in. to 428 ft. depth gage No. 375
Fine to coarse sand fine to coarse gravel with clay streaks			218	368	10. Screen: Manufacturer's name Doerr Type louver Dia. 16" Slot/gauze 1/8 & 1/16 Length 200' Set between 428 ft. and 480 ft. 222 ft. and 370 ft.
Black shale sand streaks			368	433	Gravel pack? <input checked="" type="checkbox"/> Size range of material 2.0 & 4.7 mm
Fine to medium sand			433	480	11. Static water level: 174 ft. below land surface Date 12-28-76 mo./day/yr.
Red bed			480	500	12. Pumping level below land surfaces: 202 ft. after 24 hrs. pumping 1212 g.p.m. 232 ft. after 2 hrs. pumping 2080 g.p.m. Estimated maximum yield 2500 g.p.m.
(Use a second sheet if needed)					13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ mo./day/yr.
					14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 20 ft.
					16. Nearest source of possible contamination: unk 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
18. Elevation:	19. Remarks:		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. Layne-Western Co., Inc. 102 Business name License No. Address Garden City Signed <i>[Signature]</i> Date 18 Mar 77 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

29 370 - 5 SW NW NW

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

Form WWC-5