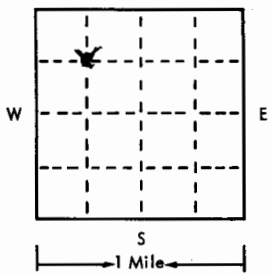


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 MEADE	Township name E 1/2 CROOKED CREEK	Fraction NW 1/4 CENTER	Section number 20	Town number 30	Range number 27		
Distance and direction from nearest town or city: 6 MI. W. 2 1/2 N			3 Owner of well: BILL BROCK					
Street address of well location if in city: 1/4 E - 1/4 N FOWLER			Address: 407 CHESTNUT ST. FOWLER KAN.					
Locate with "X" in section below: 			Sketch map:			4 Well depth: 318 ft. Date of completion _____ Well diameter 28 in.		
2 Type and color of material			From	To	5 <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			
			SURFACE		0	2	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
			GREY CLAY		2	72	7 Casing: Material Steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ 16 in. to 318 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
			BLUE CLAY		72	101	8 Screen: Manufacturer W & B BROWN Type BRIDGE Dia. 16 Slot/gauze 8 Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2 Down	
			FINE SAND		101	104	9 Static water level: _____ ft. below land surface Date _____	
			CLAY		104	118	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
			FINE SAND		118	134	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
			CLAY		134	135	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade	
			FINESAND & SMALL GRAVEL		135	160	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Cement Depth: From _____ ft. to 2 ft.	
			CLAY		160	173	14 Nearest source of possible contamination: ft. 200 Direction SW Type Feed 30 Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MED. SAND & GRAVEL		173	209	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name F M USED Model number _____ HP _____ Volts _____ Length of drop pipe 110 ft. capacity 700 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other				
CLAY		209	220	16 Remarks: elevation				
SAND & GRAVEL		220	242	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. JO JOHNSON DRILLING Business name _____ License No. _____ Address DODGE CITY KAN 183 Signed JO JOHNSON Date 5-11-75 Authorized representative				
CLAY		242	247					
MED. FINE SAND		247	254					
CLAY		254	257					
SAND		257	269					

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

Form WWC-5

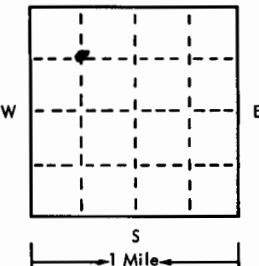
BILL BROCK PAGE 1

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 MEADE	Township name CROOKED CREEK	Fraction NW 1/4	Section number 20	Town number 30	Range number 27
Distance and direction from nearest town or city: 6 MI. WEST 1/2				3 Owner of well: BILL BROCK		
Street address of well location if in city: N - 1/4 E - 1/4 N FOWLER				Address: 407 CHESTNUT ST FOWLER KA		
Locate with "X" in section below:		Sketch map:		4 Well depth: 318 1/2 ft. Date of completion _____ Well diameter 2 1/2 in.		
				5 <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		
2		Type and color of material		From	To	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____
		CLAY		269	293	7 Casing: Material STEEL Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ 1 1/2 in. to 318 1/2 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth
		SAND & GRAVEL GOOD		293	310	8 Screen: Manufacturer WABROWN Type BRIDGE Dia. 1 1/2 Slot/gauze 1 Length 180 Set between 8 3/4 ft. and _____ ft. 318 1/2 Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2 down
		CLAY		310	311	9 Static water level: 15 ft. below land surface Date _____
		MED. SAND GOOD		311	325	10 Pumping level below land surfaces: 80 ft. after 1 hrs. pumping 1400 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 2000 g.p.m.
		SAND & CLAY		325	330	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> _____ inches above grade
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.
						14 Nearest source of possible contamination: ft. 2000 Direction SW Type FEED ydo Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name FAIRBANKS-MORIS - USED Model number _____ HP _____ Volts _____ Length of drop pipe 110 ft. capacity 700 g.p.m. golas Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
16 Remarks: elevation		(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. JO JOHNSON DRILLING CO Business name License No. _____ Address DODGE CITY KAN 183 Signed JO JOHNSON Date _____ Authorized representative		

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Form WWC-5

BILL BROCK PAGE 2