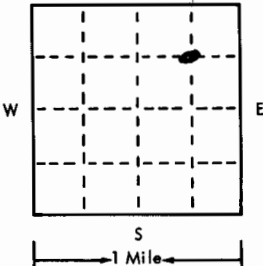


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <u>GRANT</u>	Township name <u>SULLIVAN</u>	Fraction <u>Center NE 1/4</u>	Section number <u>5</u>	Town number <u>T 30 S</u>	Range number <u>R 35 W</u>
Distance and direction from nearest town or city: <u>7 WEST 2 NORTH 2 WEST</u>			3 Owner of well: <u>Willis Christian</u>			
Street address of well location if in city: <u>1/2 N of SATANNA</u>			Address: <u>Ulysses, Kansas</u>			
Locate with "X" in section below: N 			Sketch map:			4 Well depth: <u>420</u> ft. Date of completion <u>2/27/05</u> Well diameter _____ in.
2 Type and color of material			From	To	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	
Top Soil			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"/>	
Overburden			2	120	7 Casing: Material <u>Steel</u> Height: above <u>land</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. to <u>420</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth Weight <u>14.5</u> lbs./ft.	
Clay			120	165	8 Screen: Manufacturer <u>L.B. Foster</u> Type <u>Steel</u> Dia. <u>16"</u> Slot/gauze <u>1/8"</u> Length <u>3" (252) Part.</u> Set between <u>168</u> ft. and <u>420</u> ft. Fittings: <u>1/2 to 7/4</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
Med. Sd. & Clay			165	240	9 Static water level: <u>144</u> ft. below land surface Date <u>2-28-05</u>	
Med. Coarse Sd. & Clay			240	320	10 Pumping level below land surfaces: <u>NA</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
Med. Sd. & Clay			320	365	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Clay			365	385	12 Well head completion: <input type="checkbox"/> Pitless adapter <u>NA</u> <input type="checkbox"/> Inches above grade	
Med. Coarse Sd. & Clay Strks.			385	418	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 <u>0</u> ft. to <u>20</u> ft.	
Clay			418	440	14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(use a second sheet if needed)					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: <u>Pump Set By Third Party</u> <input 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			17 Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>KTM DRILLING, INC. 225</u> Business name _____ License No. _____ Address <u>Box 1385, Gaymon, Okla.</u> Signed <u>Willis Christian</u> Date <u>2/17/05</u> Authorized representative			
<u>8a Johnson Inc.</u> <u>Steel 16"</u> <u>1000 SGT</u> <u>410-420'</u>						

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

Form WWC-5