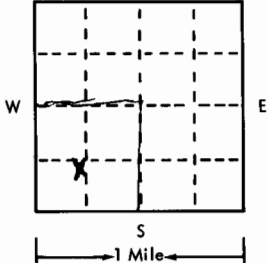


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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<br><b>Grant</b> | Township name<br><b>Sullivan NE 1/4 Sec 20</b> | Fraction<br><b>20</b>   | Section number<br><b>20</b> | Town number<br><b>30</b>   | Range number<br><b>35</b>   |
| Distance and direction from nearest town or city:<br><b>10W 15N of SATANNA</b>  |                        |  | 3 Owner of well: <b>Willis Christian</b>  |                             |  |   |
| Street address of well location if in city:   |                        |  | Address: <b>R.R. 2<br/>Ulysses, Ka.</b>   |                             |  |   |
| Locate with "X" in section below:<br>N<br><br>W E<br>S<br>1 Mile               |                        |  | Sketch map:   |                             |  | 4 Well depth: <b>450</b> ft. Date of completion: <b>5/22/75</b><br>Well diameter: <b>24</b> in.   |
|   |                        |  | 5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |                             |  | 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well   |
|   |                        |  | 7 Casing: Material <b>Steel</b> Height: above/below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>1 1/2</b> in.<br>Diam. <b>1 1/2</b> in. Weight: <b>42.5</b> lbs./ft. L<br><b>1 1/2</b> in. to <b>450</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |                             |  | 8 Screen:<br>Manufacturer <b>L. B. Foster</b><br>Type <b>Steel</b> Dia. <b>1 1/2</b> "<br>Slot/gauze <b>1/8</b> Length <b>3</b> "<br>Set between <b>160</b> ft. and <b>340</b> ft.<br>Fittings: <b>360</b> <b>450</b> <b>1/8 to 1/4</b><br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material |
| 2 Type and color of material  |                        |  | From  | To                          | 9 Static water level:<br>____ ft. below land surface Date _____  |   |
| Top Soil  |                        |  | 0   | 2                           | 10 Pumping level below land surfaces: <b>NA</b><br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.   |   |
| Overburden  |                        |  | 2   | 100                         | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____   |   |
| Gravel  |                        |  | 100   | 180                         | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <b>NA</b> <input type="checkbox"/> Inches above grade   |   |
| Gravel & Clay   |                        |  | 180   | 220                         | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/><br>Depth: From ____ ft. to ____ ft.  |   |
| Fine Sd. & Clay   |                        |  | 220   | 280                         | 14 Nearest source of possible contamination:<br>ft. ____ Direction ____ Type ____<br>Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| Med. Sd. & Clay   |                        |  | 280   | 330                         | 15 Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.m.p.<br>Type: <b>Pump Set By Third Party</b><br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |   |
| Coarse Sd. & Gravel   |                        |  | 330   | 360                         |  |   |
| Fine & Med. Sd. w/Clay  |                        |  | 360   | 410                         |  |   |
| Fine & Med. Sd. w/Sandstone   |                        |  | 410   | 450                         |  |   |
| Sandstone w/Med. Sd.  |                        |  | 450   | 480                         |  |   |
| Red Clay  |                        |  | 480   | 535                         |  |   |
|   |                        |  |   |                             |  |   |
|   |                        |  |   |                             |  |   |
|   |                        |  |   |                             |  |   |
|   |                        |  |   |                             |  |   |
|   |                        |  |   |                             |  |   |
|   |                        |  |   |                             |  |   |
| 16 Remarks: elevation   |                        |  | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>KTM DRILLING, INC. 225</b><br>Business name _____ License No. _____<br>Address: <b>Box 1385, Guyman, Okla.</b><br>Signed: <b>W. J. ...</b> Date: <b>4/16/75</b><br>Authorized Representative |                             |  |   |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley |                        |  | <b>8e Johnson FAR,<br/>Steel 16"<br/>1100 slot<br/>340-360<br/><br/>14 Pasture Land</b>   |                             |  |   |

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

Form WWC-5