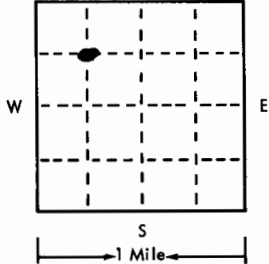


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

| | | | | | | |
|---|------------------------|----------------------------------|--|---|----------------------------|---|
| 1 Location of well: | County Grant | Township name Sullivan | Fraction Center NW 1/4 | Section number 23 | Town number T305 | Range number R35W |
| Distance and direction from nearest town or city: 6 W 1/4 SE of SATAMA | | | | 3 Owner of well: Willis Christian Address: RR2 Ulysses, Kansas | | |
| Locate with "X" in section below: N  W S 1 Mile | | | Sketch map: | | | 4 Well depth: 370 ft. Date of completion: 3/17/95 Well diameter: 26 in. |
| 2 Type and color of material | | | From | | To | |
| | | | Top Soil | | 0 2 | |
| | | | Overburden | | 2 120 | |
| | | | Gravel & Coarse Sd. | | 120 280 | |
| | | | Coarse Sd. & Clay | | 280 300 | |
| | | | Med. Sand | | 300 365 | |
| | | | Yellow Clay & Fine Sd. | | 365 410 | |
| | | | 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 | | | |
| | | | 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"/> | | | |
| | | | 7 Casing: Material Steel Height: above _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 1 1/2 in. Diam. 1 1/2 in. Weight 12.5 lbs./ft. L 16 in. to 310 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth | | | |
| | | | 8 Screen: Manufacturer L.B. Foster Type Steel Dia. 1 1/2 in. Slot/gauze 1/8 Length 3 in. Set between 166 ft. and 248 ft. Fittings: 1/2 to 1/4 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____ | | | |
| | | | 9 Static water level: 122 ft. below land surface Date 2-19-95 | | | |
| | | | 10 Pumping level below land surfaces: NA 7 ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. | | | |
| | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | | |
| | | | 12 Well head completion: <input type="checkbox"/> Pitless adapter NA <input type="checkbox"/> Inches above grade | | | |
| | | | 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 0 ft. to 10 ft. | | | |
| | | | 14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| | | | 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: Pump Set By Third Party <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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. KTM DRILLING, INC. 225 Business name _____ License No. _____ Address Box 1385, Gayman, Okla. Signed Richard [Signature] Date 3/17/95 Authorized representative | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | 8a Johnson Iaa Steel 16" 1000 S10T 348-370 14. Pasture land | | | |

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

Form WWC-5