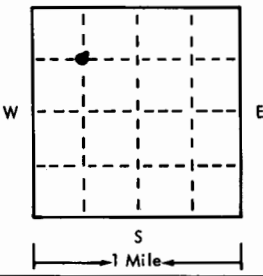


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Grant</u>	Township name <u>Sullivan</u>	Fraction <u>Center NW 1/4</u>	Section number <u>26</u>	Town number <u>T305</u>	Range number <u>R35W</u>
Distance and direction from nearest town or city: <u>6 W 1 1/2 S of SATMA</u>				3 Owner of well: <u>Willis Christian</u> Address: <u>RR 2 WYSSCS, KANSAS</u>		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <u>393</u> ft. Date of completion <u>2/25/75</u> Well diameter <u>26</u> in.		
2 Type and color of material				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		
				7 Casing: Material <u>Steel</u> Height: above <u>land</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>1 1/2</u> in. Dia. <u>1 1/2</u> in. Weight <u>12.5</u> lbs./ft. <u>16</u> in. to <u>393</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				8 Screen: Manufacturer <u>L.B Foster</u> Type <u>Steel</u> Dia. <u>1 1/2</u> in. Slot/gauze <u>1/8</u> Length <u>3</u> (200) Per S Set between <u>187</u> ft. and <u>393</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8 to 1/4</u>		
				9 Static water level: <u>84</u> ft. below land surface Date <u>2-26-75</u>		
				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.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <u>NA</u> <input type="checkbox"/> Inches above grade		
Type and color of material				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>10</u> ft.		
From				14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
To				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 Triad Prody</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 <u>8a. None</u> <u>14. Pasture Land</u>				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. <u>KTM DRILLING, INC. 225</u> Business name License No. Address <u>Box 385, Guyman, Okla.</u> Signed <u>[Signature]</u> Date <u>3/1/75</u> Authorized representative		
(use a second sheet if needed)						

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

Form WWC-5