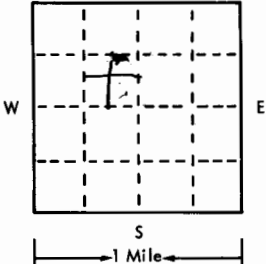


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Grant	Township name Sullivan	Fraction 10W 1/4 Sec 24 NW 1/4	Section number 2627	Town number T30 S	Range number R35 W
Distance and direction from nearest town or city: 7W 15 NE of SATANTA				3 Owner of well: Willis Christian		
Street address of well location if in city:				Address: 102 Ulysses, Kansas		
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 420 ft. Date of completion 4/20 2/15/15 Well diameter 26 in.
			5 <input checked="" 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 Steel Height: above below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 16 in. to 420 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight 12.5 lbs./ft. 1			
2 Type and color of material			From	To	8 Screen: Manufacturer L.B. Foster Type Steel Dia. 1 1/2" Slot/gauze 1/8 Length 3" (154) feet Set between 166 ft. and 320 ft. Fittings: 320 340 340 340 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8 to 1/4	
Top Soil			0	2	9 Static water level: 9 1/2 ft. below land surface Date 2/19/15	
Overburden			2	40	10 Pumping level below land surfaces: NA ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.	
Sand & Gravel			40	120	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
Sand & Clay			120	170	12 Well head completion: <input type="checkbox"/> Pitless adapter NA <input type="checkbox"/> Inches above grade	
Gravel			170	290	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.	
Med. Sd. & Clay			290	320	14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Med. Coarse Sd.			320	340	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	
Med. Sand			340	410		
Fine & Med. Sd. w/Yellow Clay			410	440		
(use a second sheet if needed)						
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, Lawton, Okla. Signed [Signature] Date 3/11/15 Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			8a Johnson Tr. Steel 1 1/2" 11000 5/8" 320-340 14 Pasture Land			

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

Form WWC-5