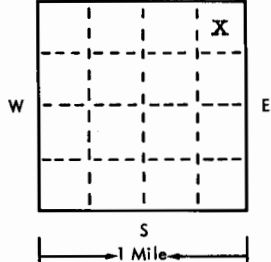
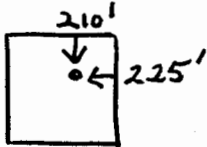


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Lincoln	Fraction NW 1/4	Section number 19	Town number 30	Range number 36
Distance and direction from nearest town or city: 3 miles east & 5 miles south of Ulysses, Kansas Street address of well location if in city:				3 Owner of well: Keith Schwein Estate Address: Ulysses, Kansas		
Locate with "X" in section below: N		Sketch map: 210' S of NE corner; 225' W of NE corner.		4 Well depth: 450 ft. Date of completion 9-22-75 Well diameter 9 7/8 in.		
				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		
2		Type and color of material		From	To	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>
		Surface and brown clay		0	15	7 Casing: Material stryo Height: above/below 14" Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. Diam. Glued Weight 320 lbs./ft. wall 2 in. to 450 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 5 in. to 450 ft. depth
		Brown clay		15	180	8 Screen: Manufacturer Sunflower Type stryo Dia. 5" Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: 0-390 pl:390-450 perf. Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/16-1/4
		Blue clay		180	270	9 Static water level: 280 ft. below land surface Date 9-20-75
		Brown clay		270	390	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.
		Coarse sand		390	450	11 Water sample submitted: NA <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
						12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <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 6 ft. to 20 ft.
						14 Nearest source of possible contamination: ft. 100 Direction NW Type corral Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Aermotor Model number _____ HP 3 Volts 230 Length of drop pipe 335 ft. capacity 18 g.m.p. Type: <input checked="" 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. WAGNER DRILLING 253A Business name License No. Address Box 10, Ulysses, Ks. Signed Wagner Date 9-23-75 Authorized representative
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5