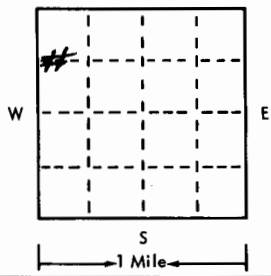


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>GRANT</i>	Township name	Fraction <i>NW 1/4</i>	Section number <i>35</i>	Town number <i>T 30S</i>	Range number <i>R 38W</i>
Distance and direction from nearest town or city: <i>10 W 15 S</i>			3 Owner of well: <i>Rogers - Sughure Estate</i>			
Street address of well location if in city: <i>of Ulysses, Ks.</i>			Address: <i>Ulysses, Kansas</i>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <i>405</i> ft. Date of completion <i>2-21-75</i> Well diameter <i>28</i> in.
2 Type and color of material			From	To	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	
<i>Overburden</i>			<i>0</i>	<i>100</i>	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"/>	
<i>Brown Clay, Lime, cemented sand</i>			<i>100</i>	<i>140</i>	7 Casing: Material <i>STEEL</i> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. _____ Weight _____ lbs./ft. _____ <i>16</i> in. to <i>405</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
<i>" , FINE SAND</i>			<i>140</i>	<i>160</i>	8 Screen: Manufacturer <i>How Lakewood</i> Type <i>250 Slot</i> Dia. <i>16"</i> Slot/gauge <i>1/8</i> Length <i>2 1/2"</i> Set between <i>200</i> ft. and <i>405</i> ft. Fittings: _____ <i>1/2" Down</i> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
<i>Med. Sand</i>			<i>160</i>	<i>180</i>	9 Static water level: <i>225</i> ft. below land surface Date <i>2-21-75</i>	
<i>Coarse sand, small rock shells</i>			<i>180</i>	<i>240</i>	10 Pumping level below land surfaces: <i>310</i> ft. after <i>2</i> hrs. pumping <i>1800</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>2000</i> g.p.m.	
<i>Brown Clay mixed with Blue</i>			<i>240</i>	<i>260</i>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<i>Coarse sand</i>			<i>260</i>	<i>280</i>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> _____ inches above grade	
<i>Clay w/ fine sand to med. sand strips</i>			<i>280</i>	<i>300</i>	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 <i>0</i> ft. to <i>10</i> ft.	
<i>Brown clay & fine sand</i>			<i>320</i>	<i>340</i>	14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>Coarse sand</i>			<i>340</i>	<i>380</i>	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <i>Fairbanks Morse</i> Model number <i>14M-7000</i> HP _____ Volts _____ Length of drop pipe <i>340</i> ft. capacity <i>1800</i> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
<i>Yellow chalk</i>			<i>380</i>	<i>400</i>	16 Remarks: elevation	
<i>Sandstone to grey shale</i>			<i>400</i>	<i>405</i>	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. <i>Arnes Drilling Co. 257</i> Business name _____ License No. _____ Address <i>Box 187 Liberal, Ks.</i> Signed _____ Date <i>2-21-75</i> Authorized representative	
(use a second sheet if needed)						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5