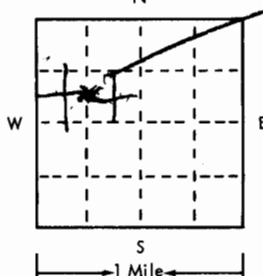


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 BARBER	Township name	Xraction NW SE NW	Section number 9	Town number 315	Range number 10 W	
Distance and direction from nearest town or city: 7N 1/4 E			3 Owner of well: CARTER ESTATE				
Street address of well location if in city: SHARON KS			Address: Box 1298 DOOGUE CITY				
Locate with "X" in section below: 			Sketch map: <i>you tell me</i> Pasture			4 Well depth: 135 ft. Date of completion _____ Well diameter 8 in. 6-6-76	
			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 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 checked="" type="checkbox"/> STOCK	
			7 Casing: Material PRC Weight: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Dia. 2 1/2 in. Diam. _____ Weight 148 lbs./ft. 1/2 in. to 135 ft. depth Drive shoe: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
2			Type and color of material From To			8 Screen: Manufacturer Peerless Type PRC Dia. 4 1/2 Slot/gauze 0.35 Length 14 Set between 119 ft. and 135 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
			Soil 0 5 sand 5 17 clay 17 23 sand 23 31 clay 31 52 med sand 52 57 clay 57 87 med sand 87 105 clay 105 118 med sand 118 124 clay 124 128 fine sand 128 133 shale 133 135			9 Static water level: 120 ft. below land surface Date 5-13-76	
			10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m.				
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____				
			12 Well head completion: 15 <input 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 _____ Depth: From 3 ft. to 15 ft.				
			14 Nearest source of possible contamination: ft. _____ Direction West Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
			15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" 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. LYMAN BRAS 140 Business name _____ License No. _____ Address _____ Signed W. H. Lyman Date 6-6-76 Authorized representative				

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

Form WWC-5