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

WATER WELL RECORD
KSA 82a-1201-1215

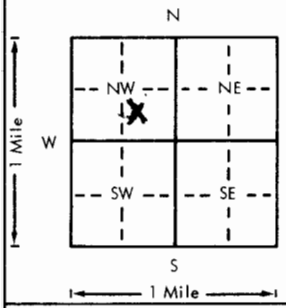
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County: Comanche | Fraction: NW 1/4 SE 1/4 NW 1/4 | Section number: 9 | Township number: T 31 S | Range number: R 17 E (W)

2. Distance and direction from nearest town or city: 9E 6N of Coldwater Kansas
Street address of well location if in city:

3. Owner of well: Rex Haltom
R.R. or street: RR.
City, state, zip code: Coldwater, Kansas

4. Locate with "X" in section below: Sketch map:



Grassland.

6. Bore hole dia. 8.5 in. Completion date 5-15-79
Well depth 75 ft.

7. ___ Cable tool X Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

8. Use: ___ Domestic ___ Public supply ___ Industry
___ Irrigation ___ Air conditioning X Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material Pits Height: Above or below
Threaded ___ Welded ___ Surface 18 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 75 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .200

5. Type and color of material	From	To
Top soil loam brown.	0	3
Red Clay With Some Sand	3	20
Red Clay With Shale layers	20	60
Mostly Shale (red)	60	75
(Use a second sheet if needed)		

10. Screen: Manufacturer's name J-M Well Casing - Okla. City -
Type RMP Dia. 5"
Slot/gauze 1/16 Length 20 ft
Set between 50 ft. and 70 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/8 - 3/8

11. Static water level: 21 ft. below land surface Date 5-15-79 mo./day/yr.

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 10 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date ___

14. Well head completion:
___ Pitless adapter 12 Inches above grade

15. Well grouted? yes
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: None
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes X No

17. Pump: Windmill ___ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal X Other

18. Elevation:
Topography:
___ Hill
___ Slope
___ Upland
X Valley

19. Remarks:
Customen Knows regulation for finishing Well for Stock.

20. 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.
Lehl & Son 141
Business name License No.
Address Alva, Okla
Signed Carl Lehl Date 6/6/79
Authorized representative

T 31 R 17 (W) E Sec 9 NW 1/4 NW 1/4 SE 1/4 NW 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

MI-1023