

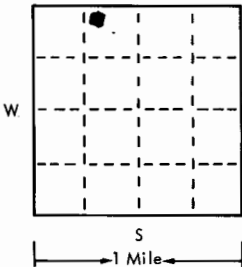
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

*Virginia #1*

|   |                       |                |   |                           |   |   |
|---|-----------------------|----------------|---|---------------------------|---|---|
| 1 Location of well:   | County: <i>Harper</i> | Township name: | Fraction: <i>NW NE NW</i>                     | Section number: <i>11</i> | Town number: <i>315</i>   | Range number: <i>9 W</i>  |
| Distance and direction from nearest town or city: <i>7 South 1/2 East</i>   |                       |                | 3 Owner of well: <i>Sweetman Drilling Inc</i> |                           |   |   |
| Street address of well location if in city: <i>of Zinda</i>   |                       |                | Address: <i>Widita Kansas</i>                 |                           |   |   |
| Locate with "X" in section below:<br>N<br><br>W E<br>S<br>1 Mile |                       |                | Sketch map:                                   |                           |   | 4 Well depth: <i>95</i> ft. Date of completion: <i>7-12-75</i><br>Well diameter: <i>7</i> in. |
| 2 Type and color of material  |                       |                | From  |                           | To  |   |
|   |                       |                | <i>Clay</i>                                   |                           | <i>0</i>  | <i>30</i>   |
|   |                       |                | <i>Sand</i>                                   |                           | <i>30</i>   | <i>40</i>   |
|   |                       |                | <i>Clay</i>                                   |                           | <i>40</i>   | <i>50</i>   |
|   |                       |                | <i>Sand</i>                                   |                           | <i>50</i>   | <i>70</i>   |
| <i>Gravel</i>   |                       | <i>70</i>      | <i>95</i>                                     |                           |   |   |
|   |                       |                |   |                           | 5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input checked="" type="checkbox"/> <i>Oilfield Sup</i>  |   |
|   |                       |                |   |                           | 7 Casing: Material: <i>AMP</i> Height: <i>above</i> below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>7 1/2</i> in.<br>Diam. <i>4</i> in. to <i>9 1/2</i> ft. depth Weight <i>125</i> lbs./ft. <i>100</i><br>Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>4</i> in. to <i>9 1/2</i> ft. depth  |   |
|   |                       |                |   |                           | 8 Screen:<br>Manufacturer: <i>Jess T Lowell</i><br>Type: <i>AMP</i> Dia. <i>4</i><br><input checked="" type="checkbox"/> Cloth gauze <i>1/2</i> Length <i>10</i><br>Set between <i>85</i> ft. and <i>95</i> ft.<br>Fittings:<br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: <i>4-1/4</i>  |   |
|   |                       |                |   |                           | 9 Static water level:<br><i>40</i> ft. below land surface Date <i>7-12-75</i>   |   |
|   |                       |                |   |                           | 10 Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.  |   |
|   |                       |                |   |                           | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____   |   |
|   |                       |                |   |                           | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade  |   |
|   |                       |                |   |                           | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____<br>Depth: From <i>0</i> ft. to <i>10</i> ft.  |   |
|   |                       |                |   |                           | 14 Nearest source of possible contamination:<br>ft. ____ Direction ____ Type ____<br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
|   |                       |                |   |                           | 15 Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name ____<br>Model number ____ HP ____ Volts ____<br>Length of drop pipe ____ ft. capacity ____ g.m.p.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |   |
| 16 Remarks: elevation   |                       |                |   |                           | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><i>Steve Waterwell 143</i><br>Business name: <i>Just Bend Ks</i> License No. ____<br>Address: <i>Just Bend Ks</i><br>Signed: <i>Steve Waterwell</i> Date: <i>7-12-75</i><br>Authorized representative   |   |

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