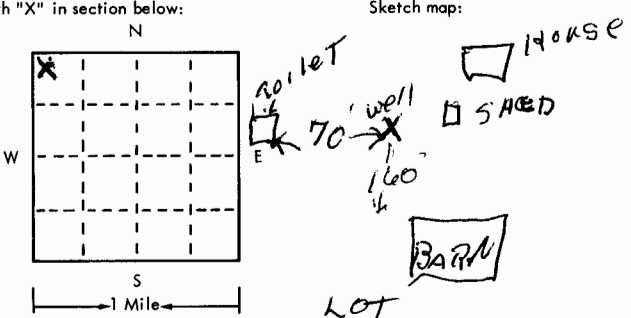


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

3218W11NW
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 COMANCHE	Township name	Fraction NW1/4NW1/4	Section number 11	Town number 325	Range number 18W																																																							
Distance and direction from nearest town or city: SE 183 N y on			3 Owner of well: JOHN HILT																																																										
Street address of well location if in city: 160 N y			Address: COLD WATER KS																																																										
Locate with "X" in section below: 			Sketch map:			4 Well depth: 112 ft. Date of completion 10-14-75 Well diameter 8 in.																																																							
<table border="1"><thead><tr><th>2</th><th>Type and color of material</th><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td>Soil</td><td>0</td><td>3</td></tr><tr><td></td><td>SAND</td><td>3</td><td>15</td></tr><tr><td></td><td>CLAY</td><td>15</td><td>21</td></tr><tr><td></td><td>FINE SAND</td><td>21</td><td>27</td></tr><tr><td></td><td>CLAY</td><td>27</td><td>36</td></tr><tr><td></td><td>WHITE CLAY</td><td>36</td><td>42</td></tr><tr><td></td><td>MED SAND</td><td>42</td><td>64</td></tr><tr><td></td><td>CLAY</td><td>64</td><td>73</td></tr><tr><td></td><td>MED SAND</td><td>73</td><td>80</td></tr><tr><td></td><td>FINE "</td><td>80</td><td>88</td></tr><tr><td></td><td>CLAY</td><td>88</td><td>95</td></tr><tr><td></td><td>MED SAND</td><td>95</td><td>111</td></tr><tr><td></td><td>CLAY</td><td>111</td><td>112</td></tr></tbody></table>			2	Type and color of material	From	To		Soil	0	3		SAND	3	15		CLAY	15	21		FINE SAND	21	27		CLAY	27	36		WHITE CLAY	36	42		MED SAND	42	64		CLAY	64	73		MED SAND	73	80		FINE "	80	88		CLAY	88	95		MED SAND	95	111		CLAY	111	112	5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
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6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well																																																													
7 Casing: Material PVC Height: above below Threaded ☐ Welded ☒ Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 4 in. to 112 ft. depth Drive shoe? ☒ Yes ☐ No _____ in. to _____ ft. depth																																																													
8 Screen: PVC PERLESS Manufacturer _____ Type PVC Dia. 4 in. Slot/gauze 0.35 Length 10 ft. Set between 102 ft. and 112 ft. Fittings: 5 PN Gravel pack ☒ Yes ☐ No Size range of material _____																																																													
9 Static water level: 63 ft. below land surface Date 10-14-75																																																													
10 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.																																																													
11 Water sample submitted: ☐ Yes ☒ No Date _____																																																													
12 Well head completion: ☒ Pitless adapter 15 inches above grade																																																													
13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite _____ Depth: From 4 ft. to 15 ft.																																																													
14 Nearest source of possible contamination: ft. 70 Direction W Type TOILET Well disinfected upon completion? ☒ Yes ☐ No																																																													
15 Pump: ☐ Not installed Manufacturer's name JACHZZI Model number 5543 HP 5 Volts 230 Length of drop pipe 24 ft. capacity 10 g.m.p. Type: ☒ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other																																																													
16 Remarks: elevation Topography: ☐ Hill ☐ Slope ☒ Upland ☐ Valley			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 BROS 140 Business name License No. Address MEDICINE LODGE Signed W H Date 10-18-75 Authorized representative																																																										

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

Form WWC-5