

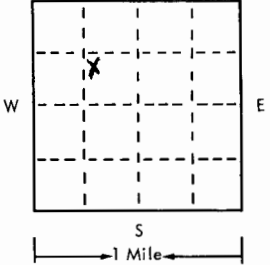
USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

Feed Lot Well No. 4 CWW Inv. # 11725

1 Location of well:	County Seward	Township name	Fraction NW SE NW	Section number 21	Town number 33S	Range number 31W
Distance and direction from nearest town or city: 1/2 miles east and 2 1/4 south of Kismet Street address of well location if in city:				3 Owner of well: Dekalb Feed Yard Address: c/o Jason Starkweather Plains, Kansas 67869		
Locate with "X" in section below: N  W E S 1 Mile				4 Well depth: 360 ft. Date of completion 10-4-75 Well diameter 15 in.		
2 Type and color of material				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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
From				7 Casing: Material Steel Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 28 in. Digm. 7 in. to 275 ft. depth Weight 7.65 lbs./ft. 7 in. to 360 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				8 Screen: Manufacturer Doerr Type steel Dia. 7" Slot/gauze 3/16 Length 80 Set between 275 ft. and 355 ft. Fittings: 1/8 to 3/16 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material		
Surface				9 Static water level: 200 ft. below land surface Date 10-4-75		
Sandy clay and caliche 40-60				10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 50 g.p.m.		
Medium to large sand				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
				12 Well head completion: <input type="checkbox"/> Pitless adapter 28 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 <input type="checkbox"/> Depth: From 0 ft. to 10 ft.		
				14 Nearest source of possible contamination: ft. 400 Direction North Type Pens Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Sta-Rite Manufacturer's name Model number H190P HP 15 Volts 208 Length of drop pipe 283 ft. capacity 190 g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
(use a second sheet if needed)						
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> 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. Carlile Water Well 118 Business name License No. Address Box 275, Liberal, Kans. Signed Edward E. Means Date 10-21-75 Authorized representative		

33 31 W 21 W 5E NW