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

WATER WELL RECORD
KSA 82a-1201-1215

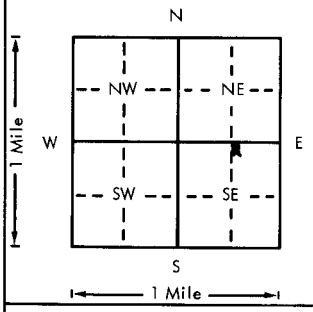
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Morton	NW 1/4 NE 1/4 SE 1/4	17	T 33 S	R 42 E/W

2. Distance and direction from nearest town or city: 11½ N. ¼ W of Elkhart, KS
Street address of well location if in city:

3. Owner of well: U.S. Forest Service
R.R. or street:
City, state, zip code: Elkhart, Kansas 67950

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



6. Bore hole dia. 9 in. Completion date 6/13/78
Well depth 150 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 PVC Height: Above or below
Threaded ___ Welded gl Surface 18 in.
RMP ___ PVC x Weight ___ lbs./ft.
Dia. 5 in. to 110 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 0.258

5. Type and color of material	From	To
Overburden	0	78
Clay	78	95
Clay + thin Streaks Medium Sand	95	120
Medium to Coarse Sand + Clay streaks	120	147
Clay	147	150

(Use a second sheet if needed)

10. Screen: Manufacturer's name Peerless Plastics
Type PVC Dia. 5"
Slot/gauze 1/16 Length 40
Set between 110 ft. and 150 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1/8"

11. Static water level: mo./day/yr.
78 ft. below land surface Date 6/13/78

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 60 g.p.m.

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

14. Well head completion:
__ Pitless adapter 18 Inches above grade

15. Well grouted? Yes
With: X Neat cement __ Bentonite __ Concrete
Depth: From 3 ft. to 14 ft.

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

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

18. Elevation:

Topography:
__ Hill
__ Slope
X Upland
__ Valley

19. Remarks: Pasteur Well # 38
Pumps will be installed at a later date.

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.
T+W Water Well 142
Business name License No.
Address Box 816 Liberal, KS
Signed [signature] Date 6/27/78
Authorized representative

T 33 R 42 E/W Sec 17 1/4 NW 1/4 NE 1/4 SE 1/4

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

Form WWC-5