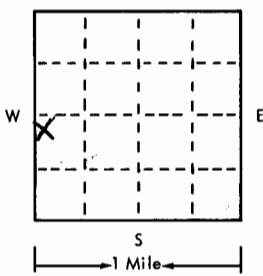


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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 BABER | Township name | Fraction NW NW SW | Section number 2 | Town number 34 | Range number 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------|---------------|-----------------------------|---|--------------------------|---------------------------|-------------|----------|----------|--------------|----------|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|
| Distance and direction from nearest town or city: 12 5/8 W | | | | 3 Owner of well: DON TOLLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street address of well location if in city: MEAD LODGE | | | | Address: AMERITA ORIA, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Locate with "X" in section below:  | | | | Sketch map: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">SOIL</td> <td style="text-align:center;">0</td> <td style="text-align:center;">3</td> </tr> <tr> <td style="text-align:center;">SHALE</td> <td style="text-align:center;">3</td> <td style="text-align:center;">105</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | 2 Type and color of material | From | To | SOIL | 0 | 3 | SHALE | 3 | 105 | | | | | | | | | | | | | | | | | | | | | | 4 Well depth: 105 ft. Date of completion 6-5-76 Well diameter 7 in. | | |
| | | | | 2 Type and color of material | From | To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SOIL | 0 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SHALE | 3 | 105 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Dig. _____ Weight _____ lbs./ft. _____ 4 in. to 105 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7 in. to _____ ft. depth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Screen: Manufacturer Peerless Type PVC Dia. 4" Slot/gauze 0.35 Length 80 ft Set between 25 ft. and 105 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Static water level: 13 ft. below land surface Date 6-5-76 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 5 g.p.m. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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 1 ft. to 15 ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Nearest source of possible contamination: ft. _____ Direction Nature Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Remarks: elevation Topography: Customer will cement base <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. Lynn Blum 140 Business name _____ License No. _____ Address MLP Signed W H Lynn Date 6-5-76 Authorized representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

34 12 W 2 NW NW SW