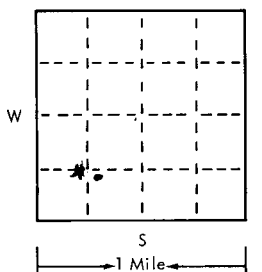


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Stevens</b>	Township name <b>Banner</b>	Fraction <b>1/4 sec 4/4</b>	Section number <b>26</b>	Town number <b>T345</b>	Range number <b>R.36W</b>
Distance and direction from nearest town or city: <b>7 east 7 3/4 south</b>				3 Owner of well: <b>Frank Thomas</b>			
Street address of well location if in city: <b>14 East of Hugoton</b>				Address: <b>Hugoton, Kan</b>			
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <b>519</b> ft. Date of completion: <b>3/24/75</b> Well diameter <b>26</b> in.			
2 Type and color of material		From		To		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 type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
						7 Casing: Material <b>Steel</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>16</b> in. to <b>519</b> ft. depth Weight <b>12.5</b> lbs./ft. <b>1</b> Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						8 Screen: Manufacturer <b>L.B. Foster</b> Type <b>Steel</b> Dia. <b>16"</b> Slot/gauze <b>48"</b> Length <b>3"</b> Set between <b>236</b> ft. and <b>519</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/8 to 1/4</b>	
						9 Static water level: _____ ft. below land surface Date _____	
						10 Pumping level below land surfaces: <b>NR</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 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 <b>NA</b> <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 <b>0</b> ft. to <b>10</b> ft.	
						14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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: <b>Pump Set By Third Party</b> <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 <b>See Screen - None</b> <b>14. Capland</b>				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. <b>KTM DRILLING, INC. 225</b> Business name _____ License No. _____ Address <b>Box 1385, Guyman, Okla.</b> Signed <b>Anthony K...</b> Date <b>3/24/75</b> Authorized representative			