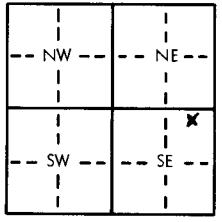


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Morton	Fraction NE 1/4 NE 1/4 SE 1/4	Section number 33	Township number T 34 S	Range number R 41 E/W
2. Distance and direction from nearest town or city: 2 S 1/4 W of Wilburton, 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: Eikhart, KS 67950			
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W E S 1 Mile</div> 			Sketch map:		6. Bore hole dia. 7 in. Completion date 6/21/78 Well depth 260 ft.	
5. Type and color of material			From		To	
			0		165	
			165		195	
			195		210	
			210		255	
overburden					10. Screen: Manufacturer's name Peerless Plastics	
Fine Sand + clay					Type PVC Dia. 5"	
Clay					Slot/gauze 1/16 Length 80	
Medium Sand + clay					Set between 200 ft. and 260 ft.	
Clay					Gravel pack? yes Size range of material 1/8	
					11. Static water level: 165 ft. below land surface Date 6/20/78	
					12. Pumping level below land surfaces:	
					____ ft. after ____ hrs. pumping ____ g.p.m.	
					____ ft. after ____ hrs. pumping ____ g.p.m.	
					Estimated maximum yield 30 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 13 ft.	
					16. Nearest source of possible contamination: None	
					ft. ____ Direction ____ Type ____	
					Well disinfected upon completion? X 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	
(Use a second sheet if needed)						
18. Elevation:		19. Remarks: #16 Pasteur well Pasture #43 #17 well to be completed 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 Address Box 816 Liberal, KS License No. ____ Signed Shirley S. Smith Date 6/21/78 Authorized representative		