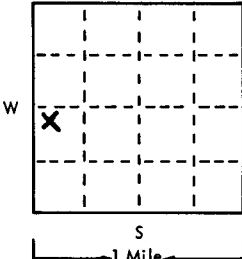


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Cheyenne</u>	Township name <u>14N-14W-5N 1/4</u>	Fraction <u>26</u>	Section number <u>3</u>	Town number <u>39</u>																																																				
Distance and direction from nearest town or city: <u>East + North</u> <u>0.5 MI 7 MI 1/2 NORTH</u>			3 Owner of well: <u>Cheyenne County</u> Address:																																																						
Locate with "X" in section below: N  W X E S 1 Mile			Sketch map:																																																						
<table border="1"><thead><tr><th>2</th><th>Type and color of material</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>Top Soil</u></td><td><u>yellow Clay</u></td><td><u>0</u></td><td><u>2</u></td></tr><tr><td><u>Clay SR</u></td><td><u>Sand - Clay Rock</u></td><td><u>2</u></td><td><u>60</u></td></tr><tr><td><u>Rock</u></td><td><u>Rock</u></td><td><u>60</u></td><td><u>105</u></td></tr><tr><td><u>Brown + Green Clay</u></td><td><u>Rock</u></td><td><u>105</u></td><td><u>160</u></td></tr><tr><td><u>Rock</u></td><td><u>Sand + Gravel - Clay</u></td><td><u>160</u></td><td><u>162</u></td></tr><tr><td><u>Rock</u></td><td><u>Rock</u></td><td><u>162</u></td><td><u>190</u></td></tr><tr><td><u>Sand + Gravel - Clay</u></td><td><u>Rock</u></td><td><u>190</u></td><td><u>194</u></td></tr><tr><td><u>Rock</u></td><td><u>Sandy - Green Clay</u></td><td><u>194</u></td><td><u>227</u></td></tr><tr><td><u>Rock</u></td><td><u>Sand + Gravel - Clay</u></td><td><u>227</u></td><td><u>228</u></td></tr><tr><td><u>Sandy - Green Clay</u></td><td><u>Sand + Gravel - Clay</u></td><td><u>228</u></td><td><u>255</u></td></tr><tr><td><u>Shale</u></td><td><u>Shale</u></td><td><u>255</u></td><td><u>270</u></td></tr><tr><td colspan="2"></td><td><u>270</u></td><td></td></tr></tbody></table>			2	Type and color of material	From	To	<u>Top Soil</u>	<u>yellow Clay</u>	<u>0</u>	<u>2</u>	<u>Clay SR</u>	<u>Sand - Clay Rock</u>	<u>2</u>	<u>60</u>	<u>Rock</u>	<u>Rock</u>	<u>60</u>	<u>105</u>	<u>Brown + Green Clay</u>	<u>Rock</u>	<u>105</u>	<u>160</u>	<u>Rock</u>	<u>Sand + Gravel - Clay</u>	<u>160</u>	<u>162</u>	<u>Rock</u>	<u>Rock</u>	<u>162</u>	<u>190</u>	<u>Sand + Gravel - Clay</u>	<u>Rock</u>	<u>190</u>	<u>194</u>	<u>Rock</u>	<u>Sandy - Green Clay</u>	<u>194</u>	<u>227</u>	<u>Rock</u>	<u>Sand + Gravel - Clay</u>	<u>227</u>	<u>228</u>	<u>Sandy - Green Clay</u>	<u>Sand + Gravel - Clay</u>	<u>228</u>	<u>255</u>	<u>Shale</u>	<u>Shale</u>	<u>255</u>	<u>270</u>			<u>270</u>		4 Well depth: <u>270</u> ft. Date of completion <u>July 75</u> Well diameter <u>8</u> in.		
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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 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																																																									
7 Casing: Material <u>Steel</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. Diam. <u>5</u> in. to <u>270</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>5</u> in. to <u>270</u> ft. depth																																																									
8 Screen: Manufacturer <u>J+L</u> Type <u>slot</u> Dia. <u>5"</u> Slot/groze Length <u>10 ft</u> Set between <u>260</u> ft. and <u>270</u> ft. Fittings: <u>18</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>18</u>																																																									
9 Static water level: <u>190</u> ft. below land surface Date <u>June 11 75</u>																																																									
10 Pumping level below land surfaces: _____ 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 checked="" 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 _____ ft. to _____ ft.																																																									
14 Nearest source of possible contamination: ft. <u>25</u> Direction <u>SW</u> Type <u>5 Test</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																									
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Red Jacket</u> Model number _____ HP <u>1 1/2</u> Volts _____ Length of drop pipe <u>252</u> ft. capacity _____ 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																																																									
16 Remarks: elevation <u>3525 (TOP)</u>																																																									
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. <u>Schoen 10000 Dullin Co. 1816</u> Business name _____ License No. _____ Address _____ Signed <u>[Signature]</u> Date <u>25 July 75</u> Authorized representative																																																									