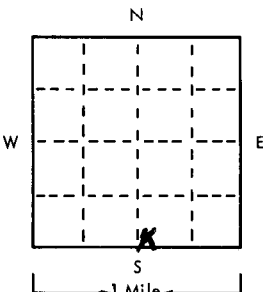


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

415W35SWSE
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Smith</u>	Township name <u>Valley</u>	Fraction <u>Sub-South 35</u>	Section number <u>35</u>	Town number <u>11</u>	Range number <u>15</u>																																										
Distance and direction from nearest town or city: <u>2E 5S W E</u>				3 Owner of well: <u>SWEET TOMES INC.</u>																																												
Street address of well location if in city: <u>Stoddard, Kan.</u>				Address: <u>Codan, Kan.</u>																																												
Locate with "X" in section below: 				Sketch map:																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> <tr> <td><u>0/29</u></td> <td><u>0</u></td> <td><u>13</u></td> </tr> <tr> <td><u>Med gravel</u></td> <td><u>13</u></td> <td><u>27</u></td> </tr> <tr> <td><u>Blue mud</u></td> <td><u>27</u></td> <td><u>43</u></td> </tr> <tr> <td><u>gravel (med to coarse)</u></td> <td><u>43</u></td> <td><u>59</u></td> </tr> <tr> <td><u>Blue shale</u></td> <td><u>59</u></td> <td><u>60</u></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> <tr> <td colspan="3" style="text-align:center;">(use a second sheet if needed)</td> </tr> </table>				2 Type and color of material	From	To	<u>0/29</u>	<u>0</u>	<u>13</u>	<u>Med gravel</u>	<u>13</u>	<u>27</u>	<u>Blue mud</u>	<u>27</u>	<u>43</u>	<u>gravel (med to coarse)</u>	<u>43</u>	<u>59</u>	<u>Blue shale</u>	<u>59</u>	<u>60</u>																						(use a second sheet if needed)			4 Well depth: <u>60</u> ft. Date of completion <u>6-22-75</u> Well diameter <u>26</u> in. 5 <input type="checkbox"/> Cable tool <input 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 checked="" 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 <u>CA</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight <u>39</u> lbs./ft. _____ <u>14</u> in. to <u>60</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		
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(use a second sheet if needed)																																																
8 Screen: Manufacturer <u>Johnson Controls</u> Type <u>Counters</u> Dia. <u>16"</u> Slot/gauze <u>3/16</u> Length <u>13</u> Set between <u>27</u> ft. and <u>64</u> ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size/range of material <u>1/2 to 5/8"</u>																																																
9 Static water level: <u>10</u> ft. below land surface Date <u>6-7-75</u>																																																
10 Pumping level below land surfaces: <u>60</u> ft. after <u>3</u> hrs. pumping <u>500</u> g.p.m. <u>60</u> ft. after <u>5</u> hrs. pumping <u>500</u> g.p.m. Estimated maximum yield <u>500</u> 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 <u>0</u> ft. to <u>10'</u> 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.m.p. 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																																																
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>Bill Dainese</u> <u>323</u> Business name _____ License No. _____ Address <u>Wichita, KS</u> Signed <u>Bill Dainese</u> Date <u>9-25-75</u> Authorized representative																																																

4 15 W 35 SW SE