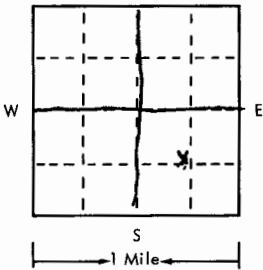


USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

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>Thomas</u>	Township name <u>SE 1/4 - 11th SE 1/4</u>	Fraction <u>26</u>	Section number <u>75</u>	Town number <u>33 W</u>	Range number
Distance and direction from nearest town or city: <u>SE 1/4 N of Colby</u>			3 Owner of well: <u>Willard Cooper</u>			
Street address of well location if in city:			Address: <u>Colby, KS</u>			
Locate with "X" in section below: 			Sketch map:			4 Well depth: <u>254</u> ft. Date of completion <u>2-26-75</u> Well diameter <u>28</u> in.
2 Type and color of material			From To		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	
1 Sandy Clay			133 142		7 Casing: Material <u>Steel</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12 3/4</u> in. Dig. <u>12 3/4</u> in. to <u>16 1/2</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					8 Screen: Manufacturer <u>Southwest Pipe</u> Type <u>Slot</u> Dia. <u>12 3/4</u> Slot/gauze _____ Length _____ Set between <u>16 1/2</u> ft. and <u>254</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
Medium GRAVEL - (Brown)			142 159		9 Static water level: <u>139</u> ft. below land surface Date <u>2-24-75</u>	
					10 Pumping level below land surfaces: <u>248</u> ft. after <u>6</u> hrs. pumping <u>1058</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1058</u> g.p.m.	
Medium GRAVEL + Sand Stone (Brown)			159 165		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12 Inches above grade	
Medium GRAVEL (Brown)			165 172		13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
					14 Nearest source of possible contamination: ft. <u>2640</u> Direction <u>SE</u> Type <u>Source</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sand Stone - (white)			172 173		15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>National</u> Model number _____ HP <u>25</u> Volts <u>440</u> Length of drop pipe <u>240</u> ft. capacity <u>600</u> g.m.p. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
					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>Red Tiger IRA</u> <u>1025</u> Business name License No. Address <u>Colby KS Box 524</u> Signed <u>Don Klausner</u> Date <u>5-28-75</u> Authorized representative	
Sandy Clay - (Brown)			173 182			
Medium GRAVEL (Brown)			182 190			
" " + Sand Stone (Brown)			190 194			
" " + Sandy Clay (")			194 197			
Sandy Clay (Brown)			197 200			
Medium GRAVEL + Sand Stone (Brown)			200 203			
" " "			203 206			
" " Sand Stone (Brown)			206 207			
Sandy Clay (Brown)			207 208			
Medium GRAVEL (Brown)			208 218			
Gravel + Medium GRAVEL (Brown) (use a second sheet if needed)			218 222			
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley <u>3142</u> <u>(Top)</u> <u>BROOK 256'</u>						

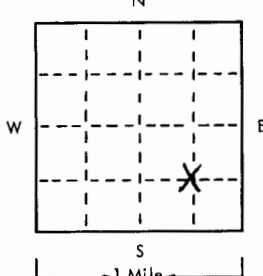
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

Page 2

1 Location of well:	County <i>Thomas</i>	Township name —	Fraction <i>SE 1/4</i>	Section number <i>26</i>	Town number <i>7S</i>	Range number <i>33W</i>
Distance and direction from nearest town or city:			3 Owner of well: <i>Willard Cooper Cont.</i>			
Street address of well location if in city:			Address: <i>Colby, KS</i>			
Locate with "X" in section below:			Sketch map:		4 Well depth: _____ ft. Date of completion _____ Well diameter _____ 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 type="checkbox"/> Reverse rotary	
					6 Use: <input 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 _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
2 Type and color of material			From	To	8 Screen:	
<i>Medium Gravel + Sandy Clay</i>			<i>222</i>	<i>224</i>	Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: _____ Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
<i>" " + Sandy Clay</i>			<i>224</i>	<i>228</i>	9 Static water level: _____ ft. below land surface Date _____	
<i>" " + Sandy Clay</i>			<i>228</i>	<i>230</i>	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.	
<i>Medium Gravel + Sandy Clay (Brown)</i>			<i>230</i>	<i>238</i>	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
<i>" " + Sandy Clay (Brown)</i>			<i>238</i>	<i>240</i>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
<i>Gravel + Medium Gravel (Brown)</i>			<i>240</i>	<i>248</i>	13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
<i>Gravel (Brown)</i>			<i>248</i>	<i>252</i>	14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Ocher + Shale (yellow + Blue)</i>			<i>252</i>	<i>256</i>	15 Pump: <input 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	
(use a second sheet if needed)					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. <i>Red Tiger, Inc</i> <i>125</i> Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative	

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5