LEVANT

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

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

DCA ABD SE¼-NW-NE¼

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Thomas.	S	NE¼	34	7S	35W

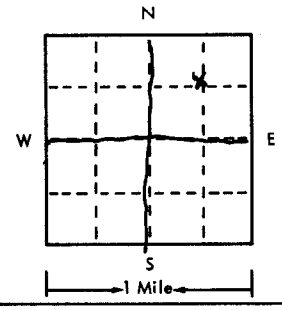
Distance and direction from nearest town or city: 1½ N of Levant Ks

Street address of well location if in city:

3 Owner of well: Glen CeAB.

Address: Colby, KS

Locate with "X" in section below:



Sketch map:

4 Well depth: 214 ft. Date of completion 2-21-75
Well diameter 28 in.

5 ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☒ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry ☒ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐ _____

7 Casing: Material Steel Height: above/below
Threaded ☐ Welded ☒ Surface _____ in.
Diam. Weight _____ lbs./ft.
12¾ in. to 124 ft. depth Drive shoe? ☐ Yes ☒ No
_____ in. to _____ ft. depth

2 Type and color of material	From	To
Med. Gravel Traces of Sand stone	90	96
Gravel (Brown) Traces Sandstone	96	98
Sand stone (white)	98	104
Sandstone Traces Med Gravel	104	105
Gravel (Brown)	105	111
Med Gravel + Sandstone (white)	111	114
Med. Gravel Traces Sandstone	114	115
Sandstone Traces Med Gravel	115	116
Sandy clay, Med Gravel + Sandstone	116	118
Sandy clay, Loose Sand stone	118	122
Sandy clay, Med Gravel + Sandstone	122	128
Sandy clay, Med Gravel (Brown)	128	131
Sandstone + Med Gravel (Brown)	131	135
Sandclay, Med Gravel + Sandstone	135	139
Sandy clay + Med Gravel (Brown)	139	142
Sand stone Med Gravel (Brown) (use a second sheet if needed)	142	148

8 Screen:
Manufacturer Southwest Pipe
Type Slot Dia. _____
Slot/gauze _____ Length _____
Set between 124 ft. and 214 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material _____

9 Static water level:
90 ft. below land surface Date 2-26-75

10 Pumping level below land surfaces:
212 ft. after 4 hrs. pumping 708 g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 208 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date 2-19-75

12 Well head completion:
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☐ Yes ☒ No
☐ Neat cement ☐ Bentonite ☐ _____
Depth: From _____ ft. to _____ ft.

14 Nearest source of possible contamination:
ft. 5280 Direction South Type Sewer
Well disinfected upon completion? ☐ Yes ☒ No

15 Pump: ☐ Not installed
Manufacturer's name National
Model number _____ HP 25 Volts 440
Length of drop pipe 200 ft. capacity 550 g.m.p.
Type:
☐ Submersible ☒ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

16 Remarks: elevation 3230 (TOPO) BROCK 210'
3280

Topography:
☐ Hill
☒ Slope
☐ Upland
☐ Valley

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.
Red Tiger Inc 125
Business name License No.
Address Colby Box 524
Signed Dan Hansen Date 5-29-75
Authorized representative

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

Form WWC-5

677-H

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

Page 2

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	Township name	Fraction	Section number	Town number	Range number
	Thomas		NE 1/4	34	7S	35W

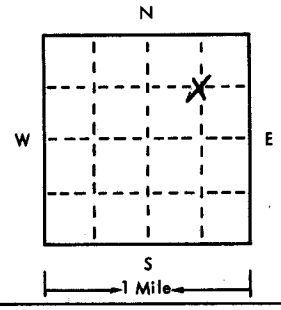
Distance and direction from nearest town or city:

Street address of well location if in city:

3 Owner of well: Glen Crabb Con't.

Address: Colby, KS

Locate with "X" in section below:



Sketch map:

4 Well depth: _____ ft. Date of completion _____
Well diameter _____ in.

5 ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

7 Casing: Material _____ Height: above/below
Threaded ☐ Welded ☐ Surface _____ in.
Diam. Weight _____ lbs./ft.
_____ in. to _____ ft. depth Drive shoe? ☐ Yes ☐ No
_____ in. to _____ ft. depth

2 Type and color of material	From	To
Med Gravel & Loose Sandstone	148	150
Gravel (Brown)	150	155
Med Gravel & Gravel (Brown)	155	157
Med Gravel & Loose Sandstone	157	158
Med Gravel, Sandy Clay & Sandstone	158	159
Sandstone (white)	159	161
Med Gravel & Sandstone	161	164
Sandy clay & Med Gravel (Brown)	164	168
Sandstone, Sandy clay & Med Gravel	168	172
Sandstone & Sandy clay	172	174
Sandstone, Sandy clay & Trace Med Gravel	174	177
Med Gravel (Brown)	177	180
Sandstone & Med Gravel	180	182
Hard Sandstone (white)	182	188
Sandy Clay & Med Gravel	188	190
Gravel TO Med Gravel (Brown)	190	200

(use a second sheet if needed)

8 Screen:
Manufacturer _____
Type _____ Dia. _____
Slot/gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings:
Gravel pack ☐ Yes ☐ No Size range of material _____

9 Static water level:
_____ ft. below land surface Date _____

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:
☐ Yes ☐ No Date _____

12 Well head completion:
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☐ Yes ☐ No
☐ Neat cement ☐ Bentonite ☐ _____
Depth: From _____ ft. to _____ ft.

14 Nearest source of possible contamination:
ft. _____ Direction _____ Type _____
Well disinfected upon completion? ☐ Yes ☐ No

15 Pump: ☐ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☐ Upland
☐ Valley

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.
Red Tiger, Inc. 125
Business name License No.
Address _____
Signed _____ Date _____
Authorized representative

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677-H

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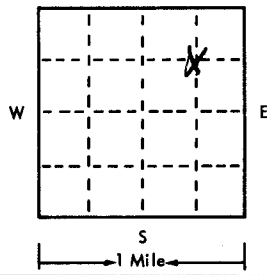

Sketch map:

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Well diameter _____ in.

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☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

7 Casing: Material _____ Height: above/below
Threaded ☐ Welded ☐ Surface _____ in.
Diam. Weight _____ lbs./ft.
_____ in. to _____ ft. depth Drive shoe? ☐ Yes ☐ No
_____ in. to _____ ft. depth

2 Type and color of material	From	To
Med Gravel trace Sandy Clay	200	209
Gravel to Med. Gravel (Brown)	209	210
Shale + Ochrea (Blue + Yellow)	210	214
(use a second sheet if needed)		

8 Screen:
Manufacturer _____
Type _____ Dia. _____
Slot/gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings:
Gravel pack ☐ Yes ☐ No Size range of material _____

9 Static water level:
_____ ft. below land surface Date _____

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:
☐ Yes ☐ No Date _____

12 Well head completion:
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☐ Yes ☐ No
☐ Neat cement ☐ Bentonite ☐ _____
Depth: From _____ ft. to _____ ft.

14 Nearest source of possible contamination:
ft. _____ Direction _____ Type _____
Well disinfected upon completion? ☐ Yes ☐ No

15 Pump: ☐ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☐ Upland
☐ Valley

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.
Red Tiger, Inc 125
Business name License No.
Address _____
Signed _____ Date _____
Authorized representative

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677-M