

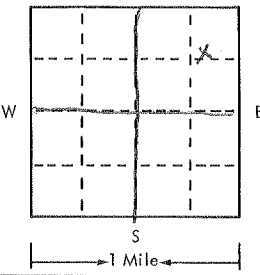
USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

GEM SW

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

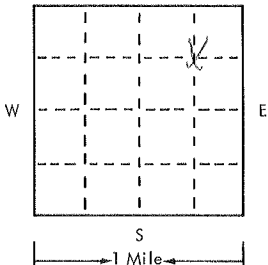
1 Location of well:	County <u>Thomas</u>	Township name <u>Ext NE 1/4</u>	Fraction <u>NE 1/4</u>	Section number <u>10</u>	Town number <u>75</u>	Range number <u>33 W</u>
Distance and direction from nearest town or city: <u>1 1/2 mi. west of Mingo</u>				3 Owner of well: <u>Sam Frierson</u>		
Street address of well location if in city:				Address: <u></u>		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <u>219</u> ft. Date of completion <u>1-20-75</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		
<u>Sandy clay & Traces of Sand stone</u>		<u>104</u>	<u>108</u>	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"/>		
<u>Sandy clay (Brown)</u>		<u>108</u>	<u>115</u>	7 Casing: Material <u>Steel</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <input type="checkbox"/> in. Diam. <u>12 3/4</u> in. to <u>12 3/4</u> ft. depth Weight <input type="checkbox"/> lbs./ft. <input type="checkbox"/> Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<u>Sandstone & Sandy clay</u>		<u>115</u>	<u>117</u>	8 Screen: Manufacturer <u>Southwest Pipe</u> Type <u>Slot</u> Dia. <u>12 3/4</u> Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/> Set between <u>129</u> ft. and <u>219</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <input type="checkbox"/>		
<u>Sandstone & Medium Gravel</u>		<u>117</u>	<u>119</u>	9 Static water level: <u>118</u> ft. below land surface Date <u>1-20-75</u>		
<u>Sandstone, Sandy clay & Medium Gravel</u>		<u>119</u>	<u>123</u>	10 Pumping level below land surfaces: <u>213</u> ft. after <u>5</u> hrs. pumping <u>600</u> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>600</u> g.p.m.		
<u>Sandy clay (Brown)</u>		<u>123</u>	<u>126</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
<u>Sandy clay & Medium Gravel (Brown)</u>		<u>126</u>	<u>130</u>	12 Well head completion: <input type="checkbox"/> Pitless adapter <u>7 1/2</u> Inches above grade		
<u>Medium Gravel (Brown)</u>		<u>130</u>	<u>133</u>	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 <input type="checkbox"/> ft. to <input type="checkbox"/> ft.		
<u>Medium Gravel & Sandy clay</u>		<u>133</u>	<u>135</u>	14 Nearest source of possible contamination: ft. <u>2640</u> Direction <u>S W</u> Type <u>Sewer</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<u>Gravel (Brown)</u>		<u>135</u>	<u>138</u>	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>National</u> Model number <input type="checkbox"/> HP <u>80</u> Volts <input type="checkbox"/> Length of drop pipe <u>210</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		
<u>Medium Gravel (Brown)</u>		<u>138</u>	<u>150</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>Red Tiger Inc</u> <u>125</u> Business name License No. Address <u>Edley Ks Box 524</u> Signed <u>Dan Blum</u> Date <u>5-29-75</u> Authorized representative		
<u>Medium Gravel & Sand stone</u>		<u>150</u>	<u>151</u>			
<u>Sandstone, Gravel Traces of Clay</u>		<u>151</u>	<u>152</u>			
<u>Sand stone & Clay</u>		<u>152</u>	<u>156</u>			
<u>Sandy clay, Medium Gravel trace Sand stone</u>		<u>156</u>	<u>160</u>			
<u>Medium Gravel</u> (use a second sheet if needed)		<u>160</u>	<u>169</u>			
16 Remarks: elevation <u>3132 (TOPO)</u> <u>BROCK 718'</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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Topeka, Kansas 66620

1 Location of well:	County <i>Thomas</i>	Township name <i>—</i>	Fraction <i>NE 1/4</i>	Section number <i>10</i>	Town number <i>9S</i>	Range number <i>33W</i>		
Distance and direction from nearest town or city: Street address of well location if in city:			3 Owner of well: <i>Sam Frieson Co. Inc.</i> Address:					
Locate with "X" in section below: N  S 1 Mile			Sketch map:			4 Well depth: _____ ft. Date of completion _____ Well diameter _____ 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 type="checkbox"/> Reverse rotary			
			<i>Medium Gravel Sandy clay</i>		<i>169</i>	<i>174</i>	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"/> _____	
			<i>Sandy clay (Brown)</i>		<i>174</i>	<i>181</i>	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	
			<i>Sandy clay & Medium Gravel (Brown)</i>		<i>181</i>	<i>192</i>	8 Screen: 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, Med. Gravel Traces Fine Sand</i>		<i>192</i>	<i>197</i>	9 Static water level: _____ ft. below land surface Date _____	
			<i>Med. Gravel, Fine Sand Traces Sandy clay</i>		<i>197</i>	<i>209</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>Med Gravel Traces Sandy clay</i>		<i>209</i>	<i>214</i>	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
			<i>Medium Gravel (Brown)</i>		<i>214</i>	<i>217</i>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
			<i>Ochrea & Shale (Yellow & Blue)</i>		<i>218</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.	
							14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				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				
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <i>Red Tiger, Inc. 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