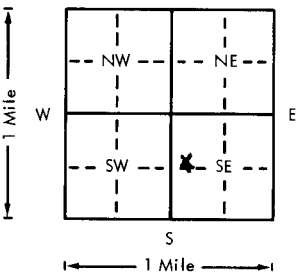


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

DBR

1. Location of well: County <u>SHERMAN</u>		Fraction <u>SW 1/4 NW 1/4 SE 1/4</u>		Section number <u>9</u>		Township number T <u>9</u> S R <u>41</u> <u>W</u>		Range number	
2. Distance and direction from nearest town or city: <u>Goodland</u> Street address of well location if in city: <u>35 9W 3/4 S 3/4 W</u>				3. Owner of well: <u>B+L FARMS</u> R.R. or street: <u>RR3</u> City, state, zip code: <u>Goodland Kansas 67735</u>					
4. Locate with "X" in section below: N Sketch map: 				6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>279</u> ft. <u>12-28-77</u>		7. <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			
5. Type and color of material				From		To		8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
<u>Top Soil</u>				<u>0</u>		<u>4</u>		9. Casing: Material <u>Steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>36</u> lbs./ft. Dia. <u>16</u> in. to <u>189</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>219</u>	
<u>Clay</u>				<u>4</u>		<u>48</u>		10. Screen: Manufacturer's name _____ <u>W. H. BROWN</u> Type <u>Lowyer</u> Dia. <u>16</u> Slot/gauze <u>1/8 219</u> Length <u>80</u> Set between <u>189</u> ft. and <u>279</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>4x3/8</u>	
<u>M Gravel</u>				<u>48</u>		<u>93</u>		11. Static water level: _____ mo./day/yr. <u>148</u> ft. below land surface Date <u>12-24-77</u>	
<u>Gravel, Sandy Clay</u>				<u>93</u>		<u>149</u>		12. Pumping level below land surfaces: <u>223</u> ft. after <u>5</u> hrs. pumping <u>625</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>700</u> g.p.m.	
<u>Hard Sandstone</u>				<u>149</u>		<u>159</u>		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<u>Clay, M Gravel</u>				<u>159</u>		<u>203</u>		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
<u>Fine Sand, M Gravel</u>				<u>203</u>		<u>210</u>		15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
<u>M Gravel, Sandy Clay</u>				<u>210</u>		<u>240</u>		16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>None</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Fine Sand, Trace Clay</u>				<u>240</u>		<u>248</u>		17. Pump: _____ Not installed Manufacturer's name <u>Westward Rollen</u> Model number <u>6M</u> HP <u>100</u> Volts <u>480</u> Length of drop pipe <u>265</u> ft. capacity <u>625</u> g.p.m. 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>Fine Sand</u>				<u>248</u>		<u>251</u>		20. 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>B+L Drilling Co Inc</u> License No. <u>166</u> Business name _____ License No. _____ Address <u>Goodland Kansas</u> Signed <u>Bill Clifford</u> Date _____ Authorized representative <u>12-29-77</u>	
<u>Fine Sand, M Gravel</u>				<u>251</u>		<u>275</u>		18. Elevation: _____ 19. Remarks: <u>3832 (1010)</u>	
<u>Dchrc</u>				<u>275</u>		<u>279</u>		(Use a second sheet if needed)	

T 9 R 41 S 9 W 1/4 1/4 1/4 1/4