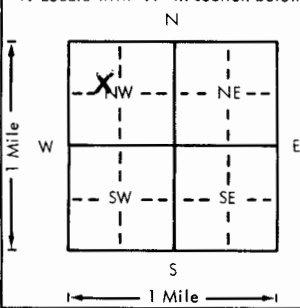
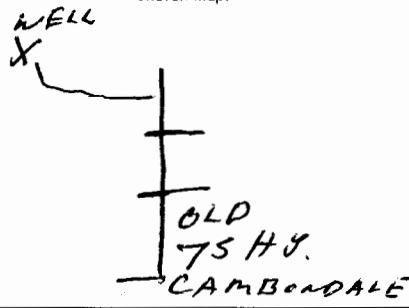


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

1. Location of well:		County <b>OSAGE</b>	Fraction <b>NE 1/4 NW 1/4</b>	Section number <b>1</b>	Township number <b>T 14</b>	Range number <b>S R 15</b>	E/W
2. Distance and direction from nearest town or city:		<b>2 1/2 N CAMBODALE</b>		3. Owner of well: <b>KANSAS FARMS INC</b>			
Street address of well location if in city:				R.R. or street: <b>1136 WAMAMAH RD</b>			
				City, state, zip code: <b>TOPEKA KS</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>6</b> in. Completion date <b>7-28-78</b>			
				Well depth <b>75</b> ft.			
5. Type and color of material		From	To	7. <input checked="" 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			
<b>YELLOW CLAY</b>		<b>0</b>	<b>8</b>	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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			
<b>LIME BROWN</b>		<b>8</b>	<b>20</b>	9. Casing: Material <b>STAY</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.			
<b>SANDY SHALE WATER</b>		<b>20</b>	<b>23</b>	Dia. <b>5</b> in. to <b>75</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>200</b>			
<b>LIME BLUE</b>		<b>23</b>	<b>39</b>	10. Screen: Manufacturer's name <b>PERFORATED</b>			
<b>BROKEN LIME BLUE</b>		<b>39</b>	<b>65</b>	Type <b>STAYLINE</b> Dia. <b>6</b> Slot/gauze <b>250</b> Length <b>52</b> Set between <b>23</b> ft. and <b>75</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>4-8</b>			
<b>LIME BLUE</b>		<b>65</b>	<b>75</b>	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>14</b> ft. below land surface Date <b>7-28-78</b>			
				12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>2</b> g.p.m.			
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>			
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>15</b> ft.			
				16. Nearest source of possible contamination: <b>UNKNOWN</b> ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. 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			
18. Elevation:		19. Remarks:		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. <b>JENNIFER DRILLING 119</b> Business name License No. Address <b>CAMBODALE KS</b> Signed <b>[Signature]</b> Date <b>7-28-78</b> Authorized representative			

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5