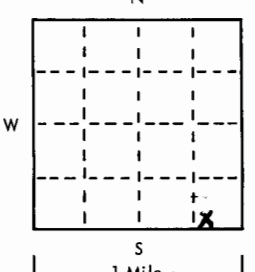
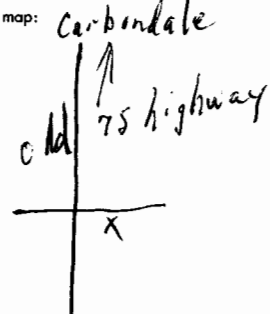


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

1 Location of well:	County <b>Osage</b>	Township name <b>Ridgeway</b>	Fraction <b>SE 1/4 SE 1/4</b>	Section number <b>12</b>	Town number <b>145</b>	Range number <b>15 E</b>
Distance and direction from nearest town or city:			3 Owner of well: <b>Philip Rogers</b>			
Street address of well location if in city:			Address: <b>4122 Ridgeview Terr Topeka, ks.</b>			
Locate with "X" in section below: N 		Sketch map: <b>Carbonate</b> <b>old 75 highway</b> 		4 Well depth: <b>123</b> ft. Date of completion <b>2-19-75</b> Well diameter <b>5</b> in.		
				5 <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		
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <b>Styrene</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. Diam. <b>5</b> in. to <b>123</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth		
2		Type and color of material		From	To	8 Screen: <b>Field-Styrene</b> Manufacturer _____ Dia. <b>5"</b> Type _____ Slot/gauze <b>3/16</b> Length _____ Set between <b>40</b> ft. and <b>123</b> ft. _____ Fittings: _____ Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____
		<b>Top soil</b>		<b>0</b>	<b>1</b>	9 Static water level: <b>40</b> ft. below land surface Date <b>12-19-75</b>
		<b>Broken lime</b>		<b>1</b>	<b>5</b>	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>2 g.p.m.</b>
		<b>Clay yellow</b>		<b>5</b>	<b>12</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
		<b>Shale Grey</b>		<b>12</b>	<b>20</b>	12 Well head completion: <input type="checkbox"/> Pitless adapter <b>24</b> inches above grade
		<b>Broken lime + shale</b>		<b>20</b>	<b>40</b>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>20</b> ft.
		<b>Shale Grey</b>		<b>40</b>	<b>62</b>	14 Nearest source of possible contamination: <b>Septic Tank</b> ft. <b>800</b> Direction <b>West</b> Type <b>East</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<b>lime dark grey</b>		<b>62</b>	<b>72</b>	15 Pump: <input checked="" 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
		<b>lime light Grey</b>		<b>72</b>	<b>92</b>	16 Remarks: elevation <b>1078</b> <b>Owner to install slab.</b> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley
		<b>Shale &amp; sandstone shiffs.</b>		<b>92</b>	<b>107</b>	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. <b>Robison Drilling 316A</b> Business name _____ License No. _____ Address <b>Percy Mo.</b> Signed <b>Josh Robison</b> Date <b>2-19-75</b> Authorized representative
		<b>sand stone</b>		<b>107</b>	<b>113</b>	
		<b>shale sandy</b>		<b>113</b>	<b>123</b>	
		(use a second sheet if needed)				

14 15E 12 SW SE SE