

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

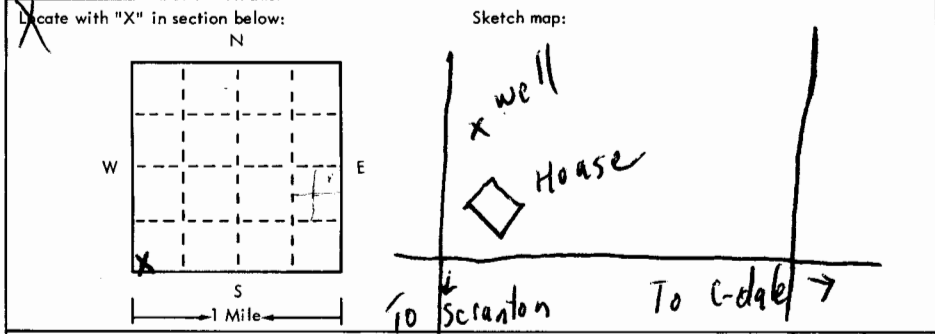
T R EW sec 1/4 1/4 1/4 No.

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 Osage Township name _____ Fraction SW 1/4 SW 1/4 Section number 15 Town number 175 Range number 15 E

Distance and direction from nearest town or city: 3 mi North of 3 Owner of well: Roger Sisco
Street address of well location if in city: Scranton, KS. Address: RT 20 Scranton KS.



4 Well depth: 121 ft. Date of completion May 24-76
Well diameter 7 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 PTH Height: above/below
Threaded Welded Surface _____ in.
Diam. _____ Weight _____ lbs./ft. _____
5 in. to 121 ft. depth Drive shoe? Yes No
_____ in. to _____ ft. depth

2	Type and color of material	From	To
	Soil	0	2
	Clay yellow	2	15
	Lime	15	24
	Shale grey	24	55
	Shale grey sandy	55	100
	Shale very sandy	100	130
	shale	130	121
	Lime	121	-

8 Screen: Manufacturer Jess & Lowell/200
Type RMP Dia. 5"
Slot/gauze 3/16 Length 105'
Set between 75 ft. and 120 ft. _____
Fittings: Gravel pack Yes No Size range of material _____

9 Static water level: 17 ft. below land surface Date May 24-76

10 Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 10-12 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 0 ft. to 14 ft.

14 Nearest source of possible contamination:
ft. 200 Direction South Type Septic
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name Burks
Model number _____ HP 1/2 Vol 230
Length of drop pipe 120 ft. capacity 510 g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation
Owner to install slab

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.
Business name Abison Drilling 316A License No. _____
Address Peoria KS
Signed Jack Abison Date 5-19-76
Printed name of representative _____

14 15E 15 SW 1/4