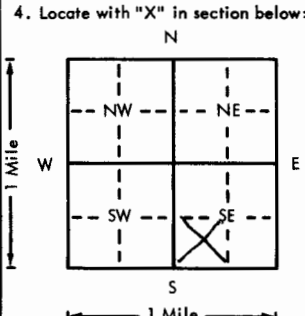


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

*can't be measured. Jamal.*

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>SW 1/4 SE 1/4</b>	Section number <b>24</b>	Township number <b>T 14 S</b>	Range number <b>R 15 E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>NOW IN CITY OF CAMBONDALE</b>			3. Owner of well: <b>TUCHEA ENTERPRISES</b> R.R. or street: <b>CAMBONDALE TRANS.</b> City, state, zip code:			
4. Locate with "X" in section below: 			6. Bore hole dia. <b>6"</b> in. Completion date <b>54</b> Well depth <b>105</b> ft.			
5. Type and color of material			7. <input type="checkbox"/> Cable tool <input checked="" 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			
<p><b>THIS WAS A CAMBONDALE CITY WELL DRILLED IN 54 ABANDONED BY CITY IN 1960 PUMP WAS PULLED CASING CUT OFF 3' BELLOW GROUND WELL FILLED WITH CEMENT GROUT</b></p> <p><b>CITY LIMITS WERE EXTENDED WELL IS NOW UNDER CITY STREET.</b></p>			8. Use: <input type="checkbox"/> Domestic <input checked="" 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			
			9. Casing: Material <b>STEEL</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>30"</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>19</b> lbs./ft. Dia. <b>6</b> in. to <b>25</b> ft. depth Wall Thickness: inches or Dia. <b>3/4</b> in. to <b>105</b> ft. depth gage No. _____			
			10. Screen: Manufacturer's name <b>PERFORMATED</b> <b>20 GAUGE GALVANIZED</b> Type _____ Dia. <b>5 1/2</b> Slot/gauze <b>.030</b> Length <b>90</b> Set between <b>95</b> ft. and <b>105</b> ft. _____ ft. and _____ ft. Gravel pack? <b>NO</b> Size range of material _____			
			11. Static water level: _____ mo./day/yr. <b>14</b> ft. below land surface Date <b>9-2-76</b>			
			12. Pumping level below land surfaces: <b>105</b> ft. after _____ hrs. pumping <b>5</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>5</b> g.p.m.			
13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade			
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.			16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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: <b>JUNGMANN BMOS SUPERVISED PLUGGING</b>			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>JUNGMANN BMOS 119</b> Business name License No. Address <b>CAMBONDALE KS</b> Signed <b>James A. [Signature]</b> Date <b>10-17</b> Authorized representative			

T 14 R 15 S 24 W 1/4 SUSEN