

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

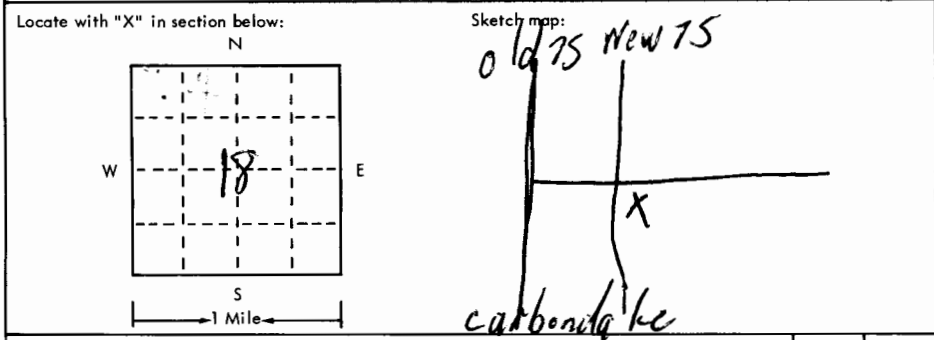
T R EW sec 1/4 1/4 1/4 No.

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 NW 1/4 NW 1/4 Section number 18 Town number 145 Range number 16 E

Distance and direction from nearest town or city: 1 1/2 m N of Gdale 3 Owner of well: Robert Morris
Street address of well location if in city: Address: Carbondale KS



4 Well depth: 140 ft. Date of completion Sept 11
Well diameter 5 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 Steel Height: above/below
Threaded Welded Surface 24 in.
Diam. _____ Weight _____ lbs./ft. _____
5 in. to 140 ft. depth Drive shoe? Yes No
_____ in. to _____ ft. depth

2	Type and color of material	From	To
	Clay Yellow	0	12
	lime Water	12	38
	Shale Grey	38	49
	lime Grey	49	50
	Shale Grey Sandy	50	53
	lime broken	53	62
	Shale Sandy	62	72
	lime Grey	72	85
	lime white	85	94
	Shale dark Grey	94	99
	lime Grey	99	105
	Shale	105	109
	lime white	109	112
	Shale Grey	112	117
	lime	117	132
	Shale Sandy Grey	132	140

8 Screen: Manufacturer Field
Type Styrene Dia. _____
Slot/gauge 3/16 Length _____
Set between 26 ft. and 140 ft. _____
Fittings: Gravel pack Yes No Size range of material _____

9 Static water level: 12 ft. below land surface Date Sept 11

10 Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 112 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 18 ft.

14 Nearest source of possible contamination:
ft. 100 Direction NE Type Septic
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation 1033 Got salt 132-140 - Plugged back to ~~106~~ with Neat Cement, Owner To install pad.
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.
Robison Drilling
Business name _____ License No. _____
Address C-406 Kans 316
Signed [Signature] Date 9/30/15

1033
140
893

14
16E
18
NW NW NW