

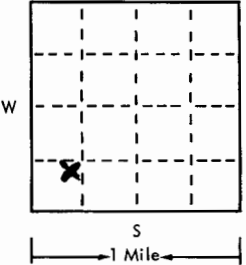
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

NO III

1 Location of well:	County OSAGE	Township name NE 1/4 SW 1/4	Fraction 1	Section number 15	Town number 15	Range number 15	
Distance and direction from nearest town or city: MILE SOUTH			3 Owner of well: WITTMER FARM REALTY INC				
Street address of well location if in city: MILE EAST SCAMANTON KS.			Address: 1136 W ANAMATER TOPEKA KANSAS 66604				
Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			4 Well depth: 105 ft. Date of completion 7-29-76 Well diameter 5 in.	
2 Type and color of material			From	To	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		
			Soil	0	1	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"/> _____	
			LIME	1	22	7 Casing: Material STEEL Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 105 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
			SHALE	22	50	8 Screen: Manufacturer 3 HOP Type 9TAJ Dia. 5 in. Slot/gauze 1030 Length _____ Set between 0 ft. and 85 ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____	
			LIME BROWN BROKEN	50	75	9 Static water level: 27 ft. below land surface Date 7-29-76	
			LIME	75	85	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1000 g.p.m.	
			BLACK SHALE	85	90	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
LIME BROKEN	90	105	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12 inches above grade				
OWNER TO POUR 4'X4'X4" SLAB.					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 0 ft. to 16 ft.		
					14 Nearest source of possible contamination: ft. _____ Direction 1/2 N 1/2 W Type N Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(use a second sheet if needed)					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		
					16 Remarks: elevation		
					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. JURMAN BASPA, License # 119 Business name _____ License No. _____ Address 1136 W ANAMATER Signed _____ Date 7-29-76 Authorized representative		

15 15E 1 NE SW SW