

1 LOCATION OF WATER WELL
 County: OSAGE Fraction: 1/4 SW 1/4 SE SE 1/4 Section Number: 4 Township Number: T 15 S Range Number: R 15 E

Distance and direction from nearest town or city? S.W. EDGE SCAMANTON
 Street address of well if located within city? 309 H STREET

2 WATER WELL OWNER: ROBERT A. WILSON
 RR#, St. Address, Box #: RR. 1
 City, State, ZIP Code: SCAMANTON 66537
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: 134 ft. Bore Hole Diameter: 9 7/8 in. to 20 ft., and 6 1/4 in. to 134 ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well 12 Other (Specify below)
 Well's static water level: 30 ft. below land surface measured on 11-27 month 21 day 1980 year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: 1 1/2 gpm: Well water was _____ ft. after _____ hours pumping BAILED 1 1/2 gpm

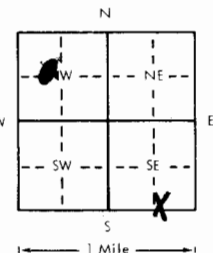
4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
 2 PVC 4 ABS 7 Fiberglass Threaded
 Blank casing dia: 5 in. to 28 ft. Dia: 5 in. to 134 ft. Dia: _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight 200 lbs./ft. Wall thickness or gauge No: 200

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify)
 Screen-Perforation Dia: 3/16 in. to 134 ft. Dia: _____ in. to _____ ft. Dia: _____ in. to _____ ft.
 Screen-Perforated Intervals: From: 30 ft. to 134 ft. From: _____ ft. to _____ ft. From: _____ ft. to _____ ft.
 Gravel Pack Intervals: From: _____ ft. to _____ ft. From: _____ ft. to _____ ft. From: _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From: 0 ft. to 28 ft. From: _____ ft. to _____ ft. From: _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 Direction from well: WEST How many feet: 30 ? Water Well Disinfected? Yes No DUG WELL 14' DEEP APR 30: WEST
 Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes No
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on 11 month 21 day 1980 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 119
 This Water Well Record was completed on 11-27-1980 month 21 day 1980 year under the business name of TURGMANN BROS DRILLING CO by (signature) James B. Turgmann

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	SOIL	94	97	SHALE
2	9	CLAY YELLOW	97	106	LIME
9	16	LIME	106	128	SHALE
16	27	SHALE	128	129	LIME
27	28	COAL DAMP	129	131	SHALE
28	35	SHALE	131	134	SAND 1/2 GPM
35	37	LIME			
37	79	SHALE			
79	87	LIME 4GPM			
87	88	SHALE			
88	94	LIME			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 28 ft. 2. 79 ft. 3. 9 ft. 4. 131 ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T 15
R 15
SEC 4
SW 1/4
SE 1/4
SE 1/4