

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

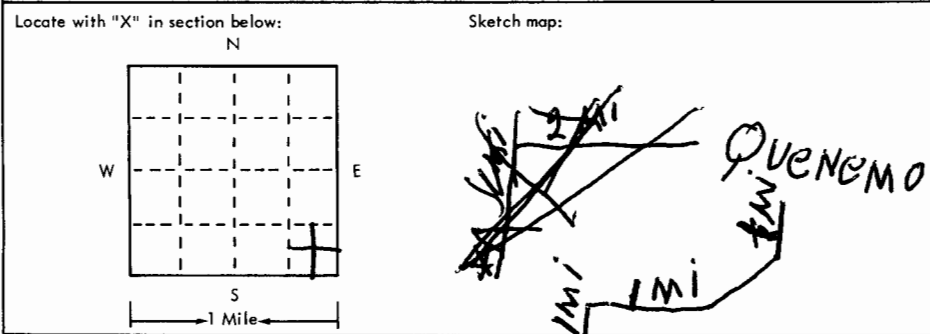
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WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well: County OSAGE Township name SE 1/4 ST 1/4 ST 1/4 Fraction 20 Section number 1175 Town number R175 Range number

Distance and direction from nearest town or city: 1 MI S 1 MI W - 1 MI S 3 Owner of well: Ted Crook
Street address of well location if in city: R1 QUENEMO KAN Address: R2 FOR E. ARBONDALE KAN



4 Well depth: 169 ft. Date of completion 7-2-75
Well diameter 6 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

2	Type and color of material	From	To
	soil	0	5
	rock	5	7
	clay	7	14
	lime	14	18
	shale	18	39
	lime	39	47
	shale	47	89
	grey sand	89	99
	black shale	99	101
	shale	101	129
	grey sand	129	159
	lime	159	162
	white sand	162	169

7 Casing: Material PVC Height: above/below
24 ft. Threaded Welded Surface 24 in.
Dia. _____ Weight _____ lbs./ft. _____
_____ in. to _____ ft. depth Drive shoe? Yes No
_____ in. to _____ ft. depth
8 Screen: plastic casing
Manufacturer Crown Line
Type 1120 Dia. 6
Slot/gauze 1/8 Length 90
Set between 149 ft. and 169 ft.
Fittings:
Gravel pack Yes No Size range of material _____
9 Static water level: 100 ft. below land surface Date 7-2-75
10 Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 4 g.p.m.
11 Water sample submitted:
 Yes No Date _____
12 Well head completion:
 Pitless adapter 24 inches above grade
13 Well grouted? Yes No
 Neat cement Bentonite
Depth: From 3 ft. to 18 ft.
14 Nearest source of possible contamination:
ft. 100 Direction EAST Type SEPIO
Well disinfected upon completion? Yes No
15 Pump: Not installed
Manufacturer's name Red Jacket
Model number SONI-9DC 1/2 Volts 220
Length of drop pipe 159 ft. capacity 10 g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation _____
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.
EDGAR SWANK 124
Business name _____ License No. _____
Address R1 OTTAWA KANS.
Signed Edgar Swank Date 7-2-75
Authorized representative