


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

**28 2E 26 NENESE**  
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

**MENESE**

1 Location of well:	County <b>Sedg</b>	Township name	Fraction <b>SE 1/4</b>	Section number <b>26</b>	Town number <b>285</b>	Range number <b>2E</b>	
Distance and direction from nearest town or city: <b>1 MI NO 2 WEST</b> <b>1/2 MI NORTH ROSE 1 1/4 MI W KS</b>				3 Owner of well: <b>JAKE SCROGGIN</b>			
Street address of well location if in city: <b>143 ST EAST</b>				Address: <b>ROSE HILL KANS.</b>			
Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		4 Well depth: <b>75</b> ft. Date of completion <b>3-25-75</b> Well diameter <b>8</b> in.	
2 Type and color of material				From		To	
				Brown silt surface Gumbo		0	6
Light Gray Clay				6	65	Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>3/8</b>	
Light Gray Water Shale				65	67	9 Static water level: <b>42</b> ft. below land surface Date <b>3-25-75</b>	
Light Gray Clay				67	75	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>25</b> g.p.m.	
(use a second sheet if needed)						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <b>14"</b> <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
						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 <b>3</b> ft. to <b>15</b> ft.	
						14 Nearest source of possible contamination: ft. <b>52</b> Direction <b>NO</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16 Remarks: elevation <b>4 x 4 slab installed by MR. SCROGGIN</b>						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>RW</b> Model number <b>BS48</b> HP <b>1/2</b> Volts <b>230</b> Length of drop pipe <b>68</b> ft. capacity <b>10</b> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
						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. <b>SIMMONS POLLING 102</b> Business name License No. Address <b>115 E CENTRAL AVE</b> Signed <b>Paul Simmons</b> Date <b>4-1-75</b> Authorized representative	

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