S.T. 3-17-76

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

T R EW 4 SE SW NW 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	Township name	Fraction	Section number	Town number	Range number
	Butler		SESWNW	4	28S	7E

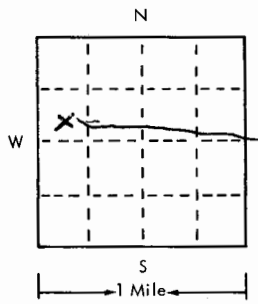
Distance and direction from nearest town or city: 4 Mi. East of

Street address of well location if in city: 96 + 1½ M. South

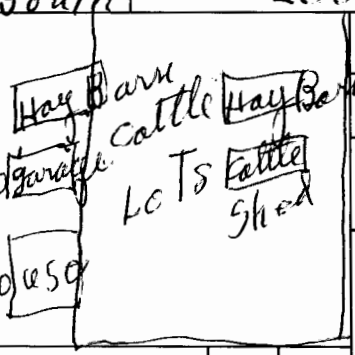
3 Owner of well: Keith Semisch

Address: Leon, Kans 67074

Locate with "X" in section below:



Sketch map:



4 Well depth: 105 ft. Date of completion 3-13-76
Well diameter 10 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug [ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry [ ] Irrigation [ ] Air conditioning [ ] Commercial [ ] Test well [ ]

7 Casing: Material Steel Height: (above) / below
Threaded [ ] Welded [ ] Surface 16 in.
Diam. 6" Weight #200 lbs./ft.
60ft perforated ft. to ft. depth Drive shoe? [ ] Yes [X] No
44 Plain ft. to ft. depth

2 Type and color of material	From	To
8" hole reamed to 10"		
Soil, Clay + Gravel	0	4
Lime, buff	4	20
Shale, Blue	20	30
" " , Blue	30	45
White Shale	45	50
Green " "	50	53
Redbed	53	58
Green Shale	58	60
Lime, White	60	65
" " "	65	70
" " "	70	80
" " "	80	85
Shale Blue	85	100
White Shale + Redbed	100	105
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower Plastics
Type RMP Dia. 6"
Slot / gauze 3/16 Length 65
Set between 40 ft. and 105 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 5/8

9 Static water level:
60 ft. below land surface Date 3-16-76

10 Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 40 g.p.m.

11 Water sample submitted: Will be After Pump Unst.
[ ] Yes [X] No Date

12 Well head completion:
~~[ ] Pitless adapter~~ 12 [ ] Inches above grade

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ]
Depth: From 30 ft. to Ground Level

14 Nearest source of possible contamination:
ft 300 Direction SE Type Septic
Well disinfected upon completion? [X] Yes [ ] No

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

16 Remarks: elevation

Topography:
[X] 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.
Abraham + Plummer
Business name License No.
Address Leon, Kan 181
Signed Jay Abraham Date 3-15-76
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H

28 7E 4 SE SW NW