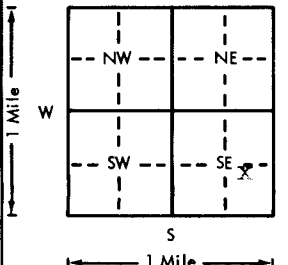


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County Osborne	Fraction NW ^{SE} 1/4 ^{1/4} SE ^{1/4}	Section number 14	Township number name Liberty T 10 S 14 E 09	Range number 14	
2. Distance and direction from nearest town or city: 2 Miles West-4 North of Waldo Kans. Street address of well location if in city:			3. Owner of well: E.E. Meyer Trust #1 R.R. or street: Natoma, Kansas 67651 City, state, zip code:			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 			
5. Type and color of material			From	To	6. Bore hole dia. <u>12</u> in. Completion date <u>7/27/77</u> Well depth <u>42</u> ft.	
Top soil			0	5	7. <input type="checkbox"/> Cable tool <input checked="" 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	
Gravel and rock (dry)			5	25	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
gray clay			25	33	9. Casing: Material PVC ^{PVC} Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>14</u> in. RMP <input type="checkbox"/> PVC <u>1/2</u> Weight <u>2</u> lbs./ft. Dia. <u>6</u> in. to <u>42</u> ft. depth; Wall Thickness: inches or Dia. <u>6</u> in. to <u>42</u> ft. depth; gage No. <u>1-330</u> MNC -312	
good rock and gravel			33	38	10. Screen: Manufacturer's name _____ <u>1/16" slots with saw</u> Type <u>slots</u> Dia. <u>6 1/2</u> Slot/gage _____ Length <u>15'</u> Set between <u>22</u> ft. and <u>37</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material _____	
Black shale			38	42	11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date <u>7/27/77</u>	
					12. Pumping level below land surfaces: <u>21</u> ft. after <u>4</u> hrs. pumping <u>9</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>12</u> g.p.m.	
					13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>10</u> ft. to <u>0</u> ft.	
					16. Nearest source of possible contamination: <u>none</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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	
(Use a second sheet if needed)						
18. Elevation: N.A. Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: Well is to be used for stock well alone. Owner agrees to run curb			20. 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. Oscar Rush Water Well Service Business name _____ License No. <u>310</u> Address <u>Natoma, Kansas</u> Signed <u>Oscar Rush</u> Date <u>8/14/77</u> Authorized representative		

MNC -312
10 44 14 NW SE SE
1/4 1/4 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5