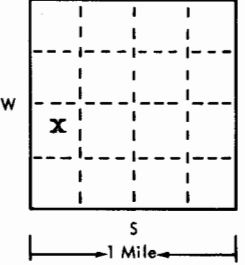


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

1 Location of well:	County Osborne	Township name Natoma	Fraction NE$\frac{1}{4}$-SW$\frac{1}{4}$	Section number 10	Town number 10	Range number 15W
Distance and direction from nearest town or city: Aprox. $\frac{1}{2}$ East-$\frac{1}{4}$ South of Natoma Street address of well location if in city:				3 Owner of well: Ruben Maier Address: Natoma Kansas		
Locate with "X" in section below: N  W X E S 1 Mile				Sketch map: Well is about $\frac{1}{4}$ mile East of West road 30' South of railroad fence		4 Well depth: <u>60</u> ft. Date of completion _____ Well diameter <u>10</u> in. <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 checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
2 Type and color of material				From	To	6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____
Black top soil				0	6'	7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>5"</u> Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>5</u> in. to <u>60</u> ft. depth
Yellow Clay				6'	36'	8 Screen: Manufacturer _____ Type <u>Slots</u> Dia. <u>1/16"</u> Slot/gauze <u>1/16</u> Length <u>10'</u> Set between <u>40</u> ft. and <u>50</u> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>$\frac{1}{4}$</u>
Brown sandy soil				36'	45'	9 Static water level: <u>15</u> ft. below land surface Date <u>2/3/76</u>
Coarse gravel and rock				45'	50'	10 Pumping level below land surfaces: <u>15</u> ft. after <u>6</u> hrs. pumping <u>8</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
Blue shale				50'	60'	11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>2/5</u>
						12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> 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 <u>45</u> ft. to <u>56</u> ft.
						14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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
16 Remarks: elevation Well water tested Good No draw down at 8 g.p.m Topography: Level ground <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley Owner agrees to complete well according to State standards				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. Oscar Rush <u>310</u> Business name License No. Address Natoma, Kansas 67651 Signed <u>Oscar Rush</u> Date <u>2/24</u> Authorized representative		

18 15W 10 NESW

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

Form WWC-5