WINE BUTTE

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, sec 1/4 1/4 1/4 No. PRINT LEARLY. WATER WELL RECORD Kansas State Dept. Of Health KSA 82a-1201-1215 (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620 MHC Township name Fraction Section number Town number County Range number 15 1 Location of well: Paxton Logan VE NW 3 Owner of well: Distance and direction from nearest town or city: Irene Plummer 14 miles South of Russell Springs Street address of well location if in city: Scott City, Kansas67871 Address. 4 Well depth: 48 ft. Date of completion 9/30.
Well diameter in. Locate with "X" in section below: Sketch map: 5 Cable tool Rotary Driven Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary 6 Use: Domestic Public supply Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial Test well . 7 Casing: Material RMP Height: above/below. Weight _____ lbs./ft._ 5 in. to 48 ft. depth Drive shoe? Yes No -1 Mile-___in. to ____ft.depth Type and color of material From Τo Manufacturer Type RMP Dis 511 Top Soil 0 15 28 Sandy Clay Set between 38 ft. and 18 Fittings: 28 30 Clay Gravel pack 🔼 Yes 🔲 No Size range of material 🗕 9 Static water level: 30 ft. below land surface Date 9/30 30 41 Sand 10 Pumping level below land surfaces: 41 Clay ____ ft. after ___**NA**hrs. pumping ___ ___ ft. after _____ hrs. pumping ____ g.p.m. 115 Ц6 Sand Estimated maximum yield — Д6 48 Oker into Shale 11 Water sample submitted: Yes No Date . BRXX 12 Well head completion: Pitless adapter ☐ Inches above grade 13 Well grouted? X Yes □ No Neat coment Bentonite Depth: From 18 ft. to 1 ft. 14 Nearest source of possible contamination:
ft. _____ Direction ____None__ Type Well disinfected upon completion? 🔀 Yes 15 Pump: Not installed Manufacturer's name _ Model number ____ Length of drop pipe _ _ ft. capacity ____ g.m.p. Type: Submersible Turbine ☐ Jet Reciprocating Certrifugal (use a second sheet if needed) Other 16 Remarks: elevation 17 Water well contractor's certification: 3150 HUPO This well was drilled under my jurisdiction and this

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

Topography:

Пнін Slope Upland ☐ Valley Business name
Address Winona Kansas 6
Signed Authorized representative Form WWC-5

report is true to the best of my knowledge and belief.

Bartell Drilling