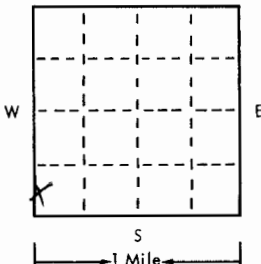


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Osborne</u>	Township name <u>Corinth</u>	Fraction <u>nwsw sw</u>	Section number <u>27</u>	Town number <u>T7S</u>	Range number <u>R11W</u>
Distance and direction from nearest town or city: <u>5 1/2 S Downs</u>			3 Owner of well: <u>Louis BOHM</u>			
Street address of well location if in city:			Address: <u>Downs Kansas</u>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <u>48</u> ft. Date of completion <u>6-11-75</u> Well diameter <u>8</u> in.
2 Type and color of material			From		To	
			<u>top soil &amp; clays</u>		<u>0</u>	<u>35</u>
<u>sand &amp; gravel w/ broken rocks</u>		<u>35</u>	<u>44</u>	5 <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		
<u>shale</u>		<u>44</u>	<u>50</u>	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____		
			7 Casing: Material <u>stylene</u> Height: <u>0</u> above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>13</u> in. Diam. <u>5</u> in. to <u>48</u> ft. depth Weight <u>200</u> lbs./ft. _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			8 Screen: Manufacturer <u>Jet Stream</u> Type <u>slotted plastic</u> Dia. <u>5 1/4</u> Slot/gauze <u>0030</u> Length <u>10'</u> Set between <u>35</u> ft. and <u>45</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/2 - 3/8</u>			
			9 Static water level: <u>34</u> ft. below land surface Date <u>6-11-75</u>			
			10 Pumping level below land surfaces: <u>34</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.			
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
			12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade <u>13</u>			
			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>0</u> ft. to <u>10</u> ft.			
			14 Nearest source of possible contamination: ft. <u>1000</u> Direction <u>N</u> Type <u>creek</u> 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.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			
16 Remarks: elevation			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. <u>Maruhn Well Drilling 165</u> Business name _____ License No. <u>68970</u> Address <u>Red Cloud Ne</u> Signed <u>Leroy Maruhn</u> Date <u>6-11-75</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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