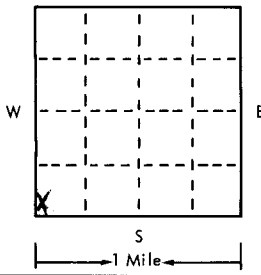


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>SW SW SW</u>	Section number <u>27</u>	Town number <u>T-75</u>	Range number <u>R-11W</u>
Distance and direction from nearest town or city: <u>5 3/4 S of DOWNS-KS</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:			
2 Type and color of material			From	To	4 Well depth: <u>48</u> ft. Date of completion <u>6-12-75</u> Well diameter <u>8</u> in.	
<u>top soil + clays</u>			<u>0</u>	<u>33</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>sand + gravel w/ broken rocks</u>			<u>3.3</u>	<u>42</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"/>	
<u>shale</u>			<u>42</u>	<u>50</u>	7 Casing: Material <u>stylene plast</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>17</u> in. Diam. _____ Weight <u>200</u> lbs./ft. <u>5</u> in. to <u>48</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
					8 Screen: Manufacturer <u>Jet Stream</u> Type <u>Slotted plast</u> Dia. <u>5"</u> Slot/gauze <u>0.36</u> Length <u>10'</u> Set between <u>33</u> ft. and <u>43</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8 - 3/8</u>	
					9 Static water level: <u>30</u> ft. below land surface Date <u>6-12-75</u>	
					10 Pumping level below land surfaces: <u>30</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>17</u>	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite _____ Depth: From <u>0</u> ft. to <u>15</u> ft.	
					14 Nearest source of possible contamination: ft. <u>50</u> Direction <u>W</u> Type <u>road ditch</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>Maruth Well Drilling 165</u> Business name _____ License No. _____ Address <u>Red Cloud Ne 68970</u> Signed <u>Erney Maruth</u> Date <u>6-12-75</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.

Form WWC-5