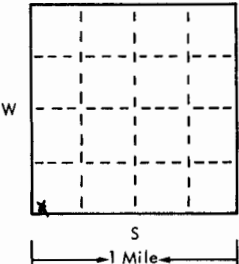


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Corinth	Fraction SWSW SW	Section number 27	Town number T 7 S	Range number R 11 W
Distance and direction from nearest town or city: 5 3/4 S of Downs Kansas			3 Owner of well: Louis BOTTM Address: Downs Kansas			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 48 ft. Date of completion 6-12-75 Well diameter 8 in.
			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			
			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 stylene plastic Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 13 in. Diam. 5 in. Weight 200 lbs./ft. 5 in. to 48 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth!			
2	Type and color of material	From	To	8 Screen: Manufacturer Jet Stream Type slotted plastic Dia. 5 Slot/gouze 0.030 Length 10 Set between 3.3 ft. and 4.3 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4 - 3/8		
	top soil & blue mud	0	10	9 Static water level: 30 ft. below land surface Date 6-12-75		
	clay	10	34	10 Pumping level below land surfaces: 30 ft. after 1 hrs. pumping 20 g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield 50+ g.p.m. Pump w/ n bailer		
	sand & gravel w/ broken rocks	34	41	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___		
	shale	41	50	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 13 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 ___ Depth: From 0 ft. to 15 ft.		
				14 Nearest source of possible contamination: ft. 100 Direction W Type road ditch 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		
(use a second sheet if needed)						
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				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. Maruhn Well Drilling 165 Business name _____ License No. _____ Address Red Cloud Ne 68920 Signed Jerry Maruhn Date 6-12-75 Authorized representative		

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

Form WWC-5