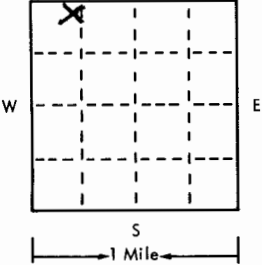
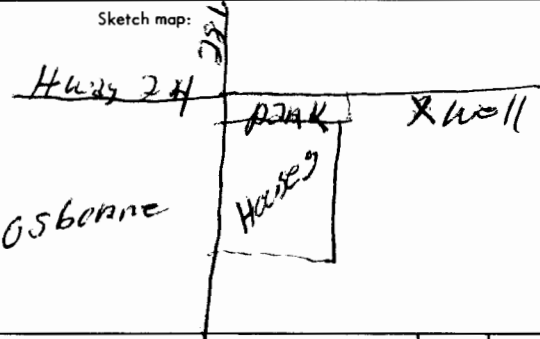


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

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>NE 1/4</u>	Fraction <u>17</u>	Section number <u>7</u>	Town number <u>12</u>	Range number <u>12</u>	
Distance and direction from nearest town or city: <u>1/4 mile NE</u> Street address or well location if in city: <u>Osborne, Kan.</u>			3 Owner of well: <u>Loyd C. Bloomer</u> Address: <u>202 W. Main, 67473</u>				
Locate with "X" in section below: 			Sketch map: 			4 Well depth: <u>78</u> ft. Date of completion: <u>7-25-78</u> Well diameter: <u>16</u> in.	
2 Type and color of material			From To		5 <input type="checkbox"/> Cable tool <input 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 checked="" 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 <u>TRANSITE</u> Height: above/below <u>6</u> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>6</u> in. Diam. <u>16</u> in. Weight <u>16</u> lbs./ft. <u>16</u> in. to <u>78</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
					8 Screen: Manufacturer <u>Johnson Casing Co.</u> Type <u>TRANSITE</u> Dia. <u>16</u> in. Slot <u>3/16</u> Length <u>39</u> ft. Set between <u>39</u> ft. and <u>78</u> ft. Fittings: <u>1/4" TO 5/8"</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>        </u>		
					9 Static water level: <u>64</u> ft. below land surface Date <u>7-28-78</u>		
(use a second sheet if needed)					10 Pumping level below land surfaces: <u>75</u> ft. after <u>4</u> hrs. pumping <u>725</u> g.p.m. ft. after <u>        </u> hrs. pumping <u>        </u> g.p.m. Estimated maximum yield <u>725</u> g.p.m.		
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>        </u>		
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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>0</u> ft. to <u>10</u> ft.		
					14 Nearest source of possible contamination: ft. <u>1000</u> Direction <u>WEST</u> Type <u>TOILET</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>        </u> Model number <u>        </u> HP <u>        </u> Volts <u>        </u> Length of drop pipe <u>        </u> ft. capacity <u>        </u> 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		
					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>DALL DRILLING CO. 362</u> Business name <u>Hill City, Kan 67642</u> License No. <u>        </u> Address <u>        </u> Signed <u>        </u> Date <u>7-15-78</u> Authorized representative		

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

Form WWC-5