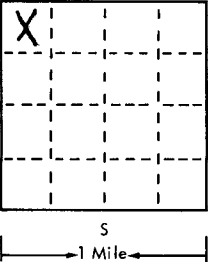


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Oshorne	Township name Butt	Fraction NW NW	Section number 17 23	Town number T 75	Range number R 12 W		
Distance and direction from nearest town or city: Penns			3 Owner of well: Bennel Loudon					
Street address of well location if in city: 3 1/4 Mi E of Oshorne			Address: Downs, Kansas 67437					
Locate with "X" in section below: 			Sketch map:		4 Well depth: 47 ft. Date of completion 4-15-75 Well diameter 12 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			
			1 - 34 red clay		1	34	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
			34 - 47 clean sand		34	47	7 Casing: Material pvc Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 7 1/2 in. Diam. 6 in. Weight 300 lbs./ft. 6 in. to 47 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth	
			47 - shale blue		47	48	8 Screen: Manufacturer: Jet Stream Type pvc Dio. 6" Slot/gauze 64 Length 10 FT Set between 37 ft. and 47 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 4"	
					9 Static water level: 24 ft. below land surface Date 4-30-75			
					10 Pumping level below land surfaces: ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield 40 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 type="checkbox"/> Inches above grade NA			
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> cement Depth: From 21 ft. to 5 ft.			
					14 Nearest source of possible contamination: ft. 200 Direction S Type 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. copacity _____ 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			
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. D&D Service 108 Business name License No. Address Downs, Kansas Signed Wendell Berbey Date 5-10-75 Authorized representative					
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			(use a second sheet if needed)					

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

Form WWC-5