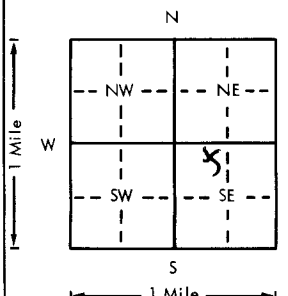


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

|   |                          |   |  |  |                                 |
|---|--------------------------|---|--|--|---------------------------------|
| 1. Location of well:  | County<br><b>Osborne</b> | Fraction<br><b>NE 1/4 NW 1/4 SE 1/4</b> | Section number<br><b>18</b>  | Township number<br><b>T 7 S</b>  | Range number<br><b>R 13 E/W</b> |
| 2. Distance and direction from nearest town or city: <b>1 1/4 miles west</b><br>Street address of well location if in city: <b>1 mile south</b>                 |                          |   | 3. Owner of well: <b>Loyd C. Bloomer</b><br>R.R. or street: <b>202 W. MAIN</b><br>City, state, zip code: <b>Osborne, KS, 67473</b>   |  |                                 |
| 4. Locate with "X" in section below:<br>Sketch map:<br>                        |                          |   | 6. Bore hole dia. <b>28</b> in. Completion date <b>8/7/78</b><br>Well depth <b>45</b> ft.  |  |                                 |
| 5. Type and color of material   |                          |   | 7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary   |  |                                 |
|   |                          |   | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |  |                                 |
|   |                          |   | 9. Casing: <b>TRANSITE</b> Height: Above or below<br>Threaded <b>Banded</b> Welded Surface <b>6"</b> in.<br>RMP <b>PVC</b> Weight <b>30</b> lbs./ft.<br>Dia. <b>16</b> in. to <b>49</b> ft. depth Wall Thickness: inches or<br>Dia. <b>16</b> in. to <b>49</b> ft. depth   gage No. <b>7/8"</b>  |  |                                 |
|   |                          |   | 10. Screen: Manufacturer's name<br><b>JOHNSON CASING CO</b><br>Type <b>TRANSITE</b> Dia. <b>16"</b><br>Slot/gauze <b>3/16</b> Length <b>39'</b><br>Set between <b>6</b> ft. and <b>39</b> ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4-5/8</b>  |  |                                 |
|   |                          |   | 11. Static water level: <b>15</b> ft. below land surface Date <b>8/7/78</b> mg./day/yr.  |  |                                 |
|   |                          |   | 12. Pumping level below land surfaces:<br><b>43</b> ft. after <b>4</b> hrs. pumping <b>650</b> g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield <b>650</b> g.p.m.   |  |                                 |
|   |                          |   | 13. Water sample submitted: ____ mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____  |  |                                 |
|   |                          |   | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter ____ Inches above grade  |  |                                 |
|   |                          |   | 15. Well grouted? <b>yes</b><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.  |  |                                 |
|   |                          |   | 16. Nearest source of possible contamination <b>CORSPM</b><br>ft. <b>1500</b> Direction <b>EAST</b> Type ____<br>Well disinfected upon completion? ____ Yes ____ No  |  |                                 |
|   |                          |   | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name ____<br>Model number ____ HP ____ Volts ____<br>Length of drop pipe ____ ft. capacity ____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |  |                                 |
| (Use a second sheet if needed)  |                          |   |  |  |                                 |
| 18. Elevation:  |                          | 19. Remarks:                            |  | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>DEL Drilling Co. 303</b><br>Business name <b>Box 348</b> License No. ____<br>Address <b>Hilli City, Kan. 67644</b><br>Signed <b>Allen J. Thomas</b> Date <b>8/17/78</b><br>Authorized Representative |                                 |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input checked="" type="checkbox"/> Valley |                          |   |  |  |                                 |

7-130-18 NE 1/4 SE 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5