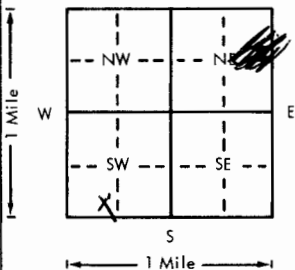


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

<input checked="" type="checkbox"/> Location of well:	County <b>Osborne</b>	Fraction <b>SE 1/4</b> <del>SW 1/4</del> <del>NE 1/4</del>	Section number <b>9</b>	Township Number <b>T 8 S</b>	Range Number <b>R 2 E</b>	E/W
2. Distance and direction from nearest town or city: <b>5 mi So, 2 mi E, of Osborne, Kansas</b> <small>Street address of well location if in city:</small>			3. Owner of well: <b>Ed Boden</b> R.R. or street: <b>RFD</b> City, state, zip code: <b>Osborne, Kansas 67473</b>			
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			6. Bore hole dia. <b>11</b> in. Completion date _____ Well depth <b>28</b> ft. <b>3-21-78</b>
5. Type and color of material			From	To	7. <input checked="" 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	
Black top soil			0	4	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Dark brown clay			4	11	9. Casing: Material <b>pvc</b> Height: Above or below _____ Threaded _____ Welded _____ Surface <b>24</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5 1/2</b> in. to <b>28</b> ft. depth; Well Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <b>.258</b>	
Brown clay with white rock			11	14	10. Screen: Manufacturer's name _____ <input checked="" type="checkbox"/> <b>Certainteed</b> Type <b>pvc</b> Dia. <b>5 1/2</b> Slot <del>3/16</del> <b>1/16</b> Length <b>14</b> Set between <b>14</b> ft. and <b>28</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>	
Light <del>brown</del> brown clay with white rock			14	18	11. Static water level: _____ mo./day/yr. <b>8</b> ft. below land surface Date <b>3-21-78</b>	
<del>White rock 1/8" to 1/2"</del> White rock 1/8" to 1/2"			18	22	12. Pumping level below land surfaces: <b>8</b> ft. after <b>2</b> hrs. pumping <b>30</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>35</b> g.p.m.	
<del>Shale</del> Brown clay			22	25	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>3-21-78</b>	
White rock 1/8" to 1/4"			25	28	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
Shale			28		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
(Use a second sheet if needed)					16. Nearest source of possible contamination: ft. <b>500</b> Direction <b>East</b> Type <b>corrall</b> Well disinfected upon completion? <b>HTH</b> Yes <input type="checkbox"/> No	
18. Elevation:			19. Remarks:		17. 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	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			20. 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. <b>Rosencrantz-Bemis</b> <b>134</b> Business name License No. Address <b>Great Bend, Kans.</b> <b>67530</b> Signed <i>[Signature]</i> Date <b>4-5-78</b> Authorized representative			

T-8-1201-9-SE 1/4 SW  
 R-2-E  
 Sec 9-SE 1/4 SW

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

Form WWC-5