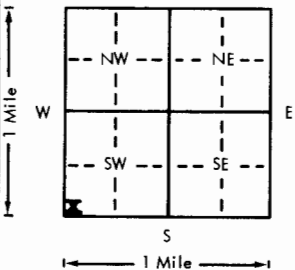


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>SW 1/4 SW 1/4 SW 1/4</b> | Section number<br><b>21</b>  | Township number<br>T <b>8</b> S R <b>12</b> E/W | Range number |
| 2. Distance and direction from nearest town or city:<br><b>7 mi. So. 1 mi. E. of Osborne, Kansas</b><br>Street address of well location if in city:             |                          |   | 3. Owner of well:<br><b>Morton DeMoss</b><br>R.R. or street:<br><b>RFD</b><br>City, state, zip code:<br><b>Osborne, Kansas 67473</b>   |   |              |
| 4. Locate with "X" in section below:<br>N<br><br>W<br>E<br>S<br>1 Mile         |                          |   | 6. Bore hole dia. <b>11</b> in. Completion date _____<br>Well depth <b>68</b> ft. <b>3-22-78</b>   |   |              |
| 5. Type and color of material   |                          |   | 7. <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary   |   |              |
|   |                          |   | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |   |              |
|   |                          |   | 9. Casing: Material <b>pvc</b> Height: Above or below _____<br>Threaded _____ Welded _____ Surface <b>24</b> in.<br>RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <b>5 1/2</b> in. to <b>68</b> ft. depth Wall Thickness: inches or _____<br>Dia. _____ in. to _____ ft. depth gage No. <b>.258</b>  |   |              |
|   |                          |   | 10. Screen: Manufacturer's name _____<br><b>Certainteed</b><br>Type <b>pvc</b> Dia. <b>5 1/2</b><br>Slot/size <b>1/16</b> Length <b>8 &amp; 20</b><br>Set between <b>26</b> ft. and <b>34</b> ft.<br><b>48</b> ft. and <b>68</b> ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>   |   |              |
|   |                          |   | 11. Static water level: _____ mo./day/yr.<br><b>25</b> ft. below land surface Date <b>3-22-78</b>  |   |              |
|   |                          |   | 12. Pumping level below land surfaces:<br><b>25</b> ft. after <b>1</b> hrs. pumping <b>18</b> g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield _____ g.p.m.  |   |              |
|   |                          |   | 13. Water sample submitted: _____ mo./day/yr.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>3-22-78</b>   |   |              |
|   |                          |   | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter _____ Inches above grade   |   |              |
|   |                          |   | 15. Well grouted? <input checked="" type="checkbox"/><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:<br>ft. <b>17 mi</b> Direction <b>North</b> Type <b>Feedyard</b><br>Well disinfected upon completion? <b>HTH</b> Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |              |
|   |                          |   | 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 |   |              |
|   |                          |   | 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>Rosencrantz-Bemis Ent. 134</b><br>Business name License No. _____<br>Address <b>Great Bend, Kansas 67530</b><br>Signed <b>Sander J. Davis</b> Date <b>4-5-78</b><br>Authorized representative  |   |              |
| 18. Elevation:  |                          | 19. Remarks:                            |  |   |              |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley |                          |   |  |   |              |

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

Form WWC-5