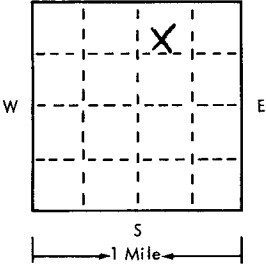
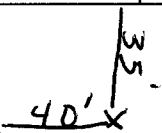


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <b>GEARY</b>	Township name <b>Milford</b>	Fraction <b>TACT NE 1/4</b>	Section number <b>32</b>	Town number <b>105</b>	Range number <b>5 E</b>	
Distance and direction from nearest town or city: <b>8 N. Tot. City</b>			3 Owner of well: <b>Roth Fuss #4 const.</b>				
Street address of well location if in city: <b>KS</b>			Address: <b>1012 Highland TCT. City KS.</b>				
Locate with "X" in section below: N  W E S 1 Mile		Sketch map: 		4 Well depth: <b>135</b> ft. Date of completion Well diameter <b>8"</b> in. <b>4-8-75</b>			
2		Type and color of material		From	To	5 <input 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	
						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"/>	
						7 Casing: Material <b>PIC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. Diam. Weight <b>2.33</b> lbs./ft. ___ in. to ___ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No ___ in. to ___ ft. depth!	
						8 Screen: Manufacturer <b>Pumped</b> Type <b>PIC</b> Dia. <b>5"</b> Slot/gauze ___ Length <b>20'</b> Set between <b>115</b> ft. and <b>135</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material ___	
						9 Static water level: <b>No measurement</b> ___ ft. below land surface Date ___	
						10 Pumping level below land surfaces: <b>Air Test</b> ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <b>15</b> g.p.m.	
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___	
						12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>24"</b> <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 <b>0</b> ft. to <b>20</b> ft.	
						14 Nearest source of possible contamination: ft. <b>150</b> Direction <b>South</b> Type <b>SEPTIC TANK</b> 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. capacity ___ 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. <b>Strader Drilling Co. Inc. #182</b> Business name License No. Address <b>RI-75N Helton, KANS.</b> Signed <b>Duke Babson</b> Date <b>4-11-75</b> Authorized representative	
						(use a second sheet if needed)	
						Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	

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

Form WWC-5