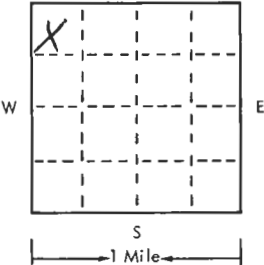


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

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>Jefferson</b>	Fraction <b>NE 1/4</b>	Section number <b>24</b>	Town number <b>18 S</b>	Range number <b>6 E</b>
Distance and direction from nearest town or city: <b>6 E, Grandview PLAZA, KS</b>			3 Owner of well: <b>Max F. Regelman</b> Address: <b>1433 m<sup>c</sup> Farland Rd. Junction City, KS</b>			
Locate with "X" in section below: N  W E S 1 Mile		Sketch map: <b>900'</b> <b>x 200'</b>		4 Well depth: <b>55</b> ft. Date of completion: <b>5/20/75</b> Well diameter <b>8</b> in.		
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
		Top Soil		0 6		6 Use: <input 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"/>
		Brown Clay		6 34		7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>5</b> in. Diam. <b>5</b> in. to <b>55</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>5</b> in. to <b>55</b> ft. depth
		Gravel		34 41		8 Screen: Manufacturer _____ Type <b>PVC</b> Dia. _____ Slot/gauze _____ Length _____ Set between <b>27</b> ft. and <b>32</b> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
		Shale - Grey		41 50		9 Static water level: _____ ft. below land surface Date _____
						10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
						11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
						12 Well head completion: <input type="checkbox"/> Pitless adapter <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 _____ ft. to _____ ft.
						14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
				15 Pump: <input 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		
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>Rt 1 Halton, KS</b> Signed _____ Date _____ Authorized representative		

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

Form WWC-5

Call this down? -1690