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	Township name	Fraction	Section number	Town number	Range number
	Morris	Rolling Prairie	SW 1/4 of NW 1/4	12	14	6

Distance and direction from neorest town or city: 4 Miles North of White City Kans.

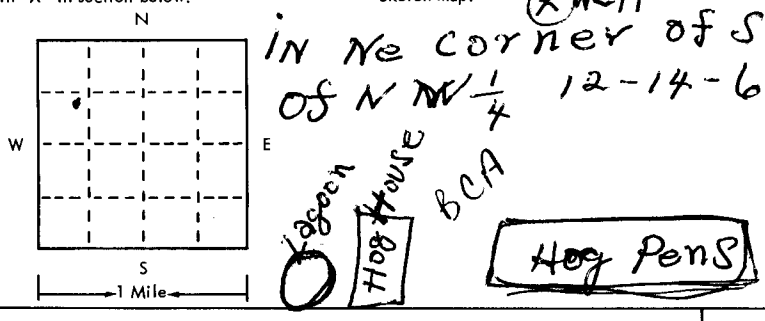
Street address of well location if in city:

3 Owner of well: Laverne Gustason

Address: R#2 White City, Kans.

Locate with "X" in section below:

Sketch map: (X) well in NE corner of SW 1/4 of NW 1/4 12-14-6



4 Well depth: 40 ft. Date of completion 5-5-75
Well diameter 6 1/2 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug [ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry [ ] Irrigation [ ] Air conditioning [ ] Commercial [ ] Test well [ ] Swine raising Lot

7 Casing: Material RMP Height: ~~above~~/below
Threaded [ ] Welded [ ] Surface 2" in.
Diam. 5" Weight ___ lbs./ft.
6 in. to 40 ft. depth Drive shoe? [ ] Yes [ ] No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Soil & Clay	0	8
Lime	8	17
Shale	17	31
Yellow lime	31	40
Cement & Slab furnished by Mr Gustason		
(use a second sheet if needed)		

8 Screen:
Manufacturer Sunflower
Type RMP Dia. 5"
Slot/gauze 32 Length 20'
Set between 21 ft. and 21 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 1/8"

9 Static water level:
28 ft. below land surface Date 5-5-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 16 g.p.m.

11 Water sample submitted:
[ ] Yes [X] No Date ___

12 Well head completion: NA
[ ] Pitless adapter [ ] Inches above grade

13 Well grouted? [X] Yes [ ] No
[ ] Neat cement [ ] Bentonite [ ] Concrete
Depth: From 0 ft. to 15 ft.

14 Nearest source of possible contamination:
ft. 133 Direction South Type Lagoon
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [X] Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type: NA
[ ] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Certrifugal [ ] Other

16 Remarks: elevation
Very small slope to West & east, on a ridge in a field

Topography:
[ ] Hill
[ ] Slope
[X] Upland
[ ] Valley

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.
William Moritz 120
Business name License No.
Address R#4, Box 59 J.C. Kans
Signed William Moritz Date 5-22-75
Authorized representative

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

Form WWC-5

677-H