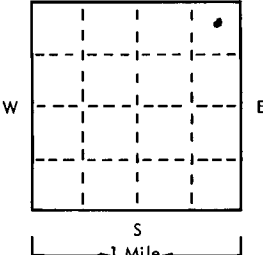
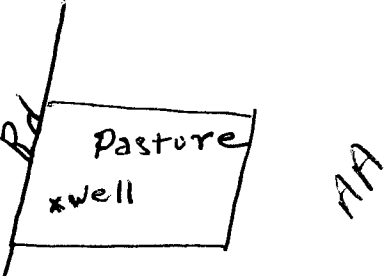


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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<br><b>MORRIS</b> | Township name<br><b>Rolling<br/>Prairie</b>  | Fraction<br><b>NE 1/4 Sec 14</b>                        | Section number<br><b>14</b>  | Town number<br><b>14</b> | Range number<br><b>6</b>  |
| Distance and direction from nearest town or city: <b>3 miles N</b>   |                         |  | 3 Owner of well: <b>Milton Anderson</b>                 |  |                          |   |
| Street address of well location if in city: <b>of White City, Mo</b>   |                         |  | Address: <b>2225 Browning,<br/>Manhattan, Mo. 66502</b> |  |                          |   |
| Locate with "X" in section below:<br> |                         | Sketch map:<br> |   | 4 Well depth: <b>82</b> ft. Date of completion _____<br>Well diameter <b>6 1/2</b> in. |                          |   |
| 2<br>Type and color of material  |                         | From   |   | To   |                          | 5 <input checked="" type="checkbox"/> Cable tool <input 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   |
|  |                         |  |   |  |                          | 6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input checked="" type="checkbox"/> <b>Pasture well</b>   |
|  |                         |  |   |  |                          | 7 Casing: Material <b>PMP</b> Height: above/below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>2</b> in.<br>Dia. <b>8 1/2</b> in. to <b>82</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|  |                         |  |   |  |                          | 8 Screen: <b>Sunflower</b><br>Manufacturer <b>RPM</b> Dia. <b>5</b> in.<br>Type <b>3/32</b> Length <b>20</b> ft.<br>Slot/gauze <b>3/32</b> Length <b>20</b> ft.<br>Set between <b>62</b> ft. and <b>82</b> ft.<br>Fittings:<br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2</b>  |
| (use a second sheet if needed)   |                         |  |   |  |                          | 9 Static water level:<br><b>23</b> ft. below land surface Date <b>5-8-75</b>  |
|  |                         |  |   |  |                          | 10 Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield <b>20</b> g.p.m.   |
|  |                         |  |   |  |                          | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |
|  |                         |  |   |  |                          | 12 Well head completion: <b>NA</b><br><input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade  |
|  |                         |  |   |  |                          | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <b>Cement</b><br>Depth: From <b>0</b> ft. to <b>10</b> ft.  |
|  |                         |  |   |  |                          | 14 Nearest source of possible contamination:<br>ft. ____ Direction ____ type ____<br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
|  |                         |  |   |  |                          | 15 Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.m.p.<br>Type: <b>NA</b><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 |
|  |                         |  |   |  |                          | 16 Remarks: elevation <b>About a 3% Slope<br/>southeast in a Pasture</b><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley   |
|  |                         |  |   |  |                          | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this<br>report is true to the best of my knowledge and belief.<br><b>William Moritz 120</b><br>Business name _____ License No. _____<br>Address <b>#4 Box 59 Jc. Mo</b><br>Signed <b>William Moritz</b> Date <b>5-22-75</b><br>Authorized representative   |
|  |                         |  |   |  |                          |   |
|  |                         |  |   |  |                          |   |
|  |                         |  |   |  |                          |   |

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

Form WWC-5