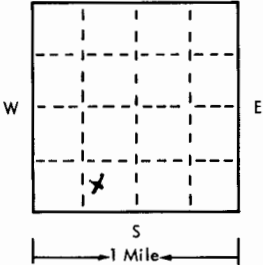
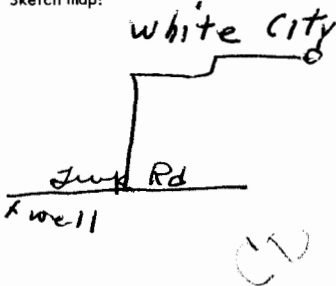


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Morris</u>	Township <u>Park 4</u>	Fraction <u>Set 4 of SW 1/4</u>	Section number <u>18</u>	Town number <u>14</u>	Range number <u>7</u>			
Distance and direction from nearest town or city: <u>1 1/4 miles east</u>				3 Owner of well: <u>Rachel Youth Home</u>					
Street address of well location if in city: <u>3 North & 1 E. 05</u> <u>White City, Mo.</u>				Address: <u>White City, Mo.</u>					
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>98</u> ft. Date of completion <u>11-11-75</u> Well diameter <u>6 1/2</u> in.					
				5 <input checked="" type="checkbox"/> Cable tool <input 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					
2		Type and color of material		From		To		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	
								7 Casing: Material <u>RMP</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. Diam. <u>5 1/2</u> in. Weight <u>5</u> lbs./ft. <u>5</u> in. to <u>98</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
								8 Screen: Manufacturer <u>Sux flower</u> Type <u>RMP</u> Dia. <u>5 1/2</u> in. Slot/gauze <u>1/8</u> in. Length <u>20</u> ft. Set between <u>78</u> ft. and <u>98</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>4</u>	
								9 Static water level: <u>21</u> ft. below land surface Date <u>11-11-75</u>	
								10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>15</u> g.p.m.	
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		12 Well head completion: <u>NA</u> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade							
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>14</u> ft. to <u>4</u> ft.		14 Nearest source of possible contamination: ft. <u>70</u> Direction <u>South</u> Type <u>Sewer line</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15 Pump: <input type="checkbox"/> Not installed <u>NA</u> Manufacturer's name ____ HP ____ Volts ____ Model number ____ 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 <u>712 ft</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> 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. <u>WM. Moritz Drilling 120</u> Business name <u>IC. Mo. P.H. 4 Box 59</u> License No. ____ Address <u>FW Moritz</u> Date <u>11-20-75</u> Signed <u>FW Moritz</u> Authorized representative							

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

Form WWC-5