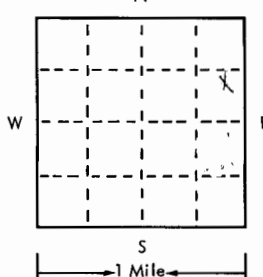


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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: <b>City Miami</b>	Township name <b>Osage</b>	Fraction <b>NE 1/4 SE 1/4 NE</b>	Section number <b>17</b>	Town number <b>19S</b>	Range number <b>23 E</b>
Distance and direction from nearest town or city: Street address of well location if in city: <b>3 mi. S. Fontana</b>			3 Owner of well: <b>Raymond Cline</b> Address: <b>R.R. 1 Box 114B Fontana, Ks.</b>		
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		4 Well depth: <b>150'</b> ft. Date of completion <b>6-20-75</b> Well diameter <b>8 1/2"</b> in.	
2		Type and color of material		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	
				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>P1/</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>1</b> in. Diam. <b>5"</b> Weight <b>40</b> lbs./ft. <b>151</b> in. to <b>151</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: <b>1 x 1/8</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
				9 Static water level: <b>60</b> ft. below land surface Date <b>6-20</b>	
				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping <b>2</b> 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 checked="" type="checkbox"/> No Date _____	
				12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
				13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>3</b> ft. to <b>20</b> ft.	
				14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Jack Jacouzi</b> Model number <b>5S4B-50</b> Volts <b>230</b> Length of drop pipe <b>135</b> ft. capacity <b>4</b> g.p.m. Type: <input checked="" 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>F. E. Young Drilling 471</b> Business name License No. <b>6225 Robinhood Ln</b> Address <b>Merriam, Ks. 66203</b> Signed <b>F. E. Young</b> Date _____ Authorized representative			
Topography: <input 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