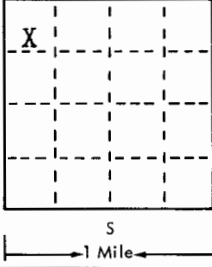
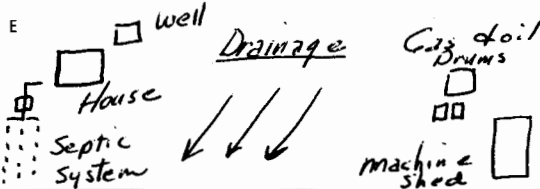


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 BUTLER	Township name GLENCOE	Fraction NW 1/4 NW 1/4 NW 1/4	Section number 17	Town number 27	Range number 7 E		
Distance and direction from nearest town or city: 5 E on 96 2.75 N of Leon Street address of well location if in city:				3 Owner of well: Willard Morgan Address: Leon, Kansas 67074				
Locate with "X" in section below: N 				Sketch map: 			4 Well depth: 80 ft. Date of completion 10, 17, 75 Well diameter 10 in.	
2 Type and color of material				From		To		
				REAMED AND RECASED				
This well passed pre and post country inspection				8 Screen:		Manufacturer None		
				Type _____ Dia. _____		Slot/gauze _____ Length _____		
(use a second sheet if needed)				9 Static water level:		30 ft. below land surface Date 10, 17, 75		
				10 Pumping level below land surfaces:		_____ ft. after _____ hrs. pumping _____ g.p.m.		
16 Remarks: elevation				11 Water sample submitted:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion:		<input type="checkbox"/> Pitless adapter 18 <input checked="" type="checkbox"/> Inches above grade		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14 Nearest source of possible contamination:		
				<input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____		ft. 200 Direction NW Type Septic		
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.				15 Pump:		<input checked="" type="checkbox"/> Not installed		
				Manufacturer's name _____		Model number _____ HP _____ Volts _____		
ABRAHAM PLUMER 181 Business name License No. Address: Leon Ks 67074 Signed: <i>Abraham Plumer</i> 10, 17, 75 Authorized representative				Length of drop pipe _____ ft. capacity _____ g.m.p.		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				

27 7E 17 SWNW NW

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

Form WWC-5