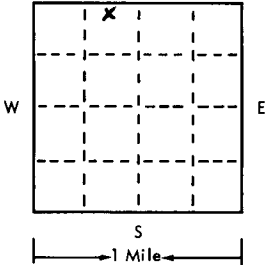


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 CLAY	Township name SHERMAN	Fraction NE 1/4 - NW 1/4	Section number 15	Town number T-7-S	Range number R-2-E
Distance and direction from nearest town or city: 1-SOUTH 1/2 EAST OF MORGANVILLE, KANSAS				3 Owner of well: LENA MARTIN		
Street address of well location if in city:				Address: BELLE VILLE, KANSAS		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map: <i>67-69</i>		4 Well depth: 70 ft. Date of completion 1975 Well diameter 16 in. 5 <input 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 checked="" type="checkbox"/> Reverse rotary 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____ 7 Casing: Material ASBESTOS CEMENT Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 16 in. to 70 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
2 Type and color of material			From	To	8 Screen: Manufacturer JOHNSON CONCRETE Type ASBESTOS Dia. 16 Slot/gauze 1/8" Length 26 Set between 44 ft. and 70 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4" - 1/8" 9 Static water level: 20 ft. below land surface Date 3-5-75 10 Pumping level below land surfaces: 29 ft. after 1 hrs. pumping 1200 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 3000 g.p.m. 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ 12 Well head completion: 12 <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"/> READY MIX Depth: From 0 ft. to 10 ft. 14 Nearest source of possible contamination: ft. 200 Direction SE Type SEPTIC TANK Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 15 Pump: <input checked="" type="checkbox"/> installed Manufacturer's name JACUZZI BROS Model number 60 HP _____ Volts _____ Length of drop pipe 64 ft. capacity 1200 g.p.m. Type: GEAR DRIVE <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
(use a second sheet if needed) 16 Remarks: elevation WELL IS ON RIDGE IN FIELD DRAINS AWAY IN ALL DIRECTIONS Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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. GEO COX + SONS, INC Business name _____ License No. _____ Address CLIFTON KANSAS Signed Francis Cox Date 4-2-75 Authorized representative			

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

Form WWC-5