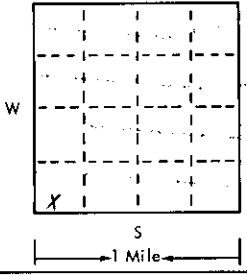


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Rush</i>	Township name	Fraction <i>SW/SW</i>	Section number <i>13</i>	Town number <i>20 185</i>	Range number <i>20 20W</i>																					
Distance and direction from nearest town or city: <i>4 east 1 north of alexander, Mo.</i> Street address of well location if in city:				3 Owner of well: <i>Winston Georg</i> Address: <i>Alexander, Mo.</i>																							
Locate with "X" in section below: 				4 Well depth: <i>53</i> ft. Date of completion <i>6-27-75</i> Well diameter <i>8</i> in.																							
2 Type and color of material				5 <input type="checkbox"/> Cable tool <input checked="" 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"/>																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><i>Top soil</i></td> <td><i>0</i></td> <td><i>3</i></td> </tr> <tr> <td><i>light brown clay</i></td> <td><i>3</i></td> <td><i>13</i></td> </tr> <tr> <td><i>Blue gray clay</i></td> <td><i>13</i></td> <td><i>28</i></td> </tr> <tr> <td><i>Sand & gravel clean, coarse, loose</i></td> <td><i>28</i></td> <td><i>53</i></td> </tr> <tr> <td><i>Shale</i></td> <td><i>53</i></td> <td></td> </tr> <tr> <td colspan="3" style="text-align:center;"><i>BR 53'</i></td> </tr> </tbody> </table>				Type and color of material	From	To	<i>Top soil</i>	<i>0</i>	<i>3</i>	<i>light brown clay</i>	<i>3</i>	<i>13</i>	<i>Blue gray clay</i>	<i>13</i>	<i>28</i>	<i>Sand & gravel clean, coarse, loose</i>	<i>28</i>	<i>53</i>	<i>Shale</i>	<i>53</i>		<i>BR 53'</i>			7 Casing: Material <i>pac</i> Height: <i>above</i> Below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>18</i> in. Diam. Weight <i>160</i> lbs./ft. <i>4</i> in. to <i>38</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No ___ in. to ___ ft. depth		
				Type and color of material	From	To																					
<i>Top soil</i>	<i>0</i>	<i>3</i>																									
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				8 Screen: Manufacturer <i>R & B</i> Type <i>pac</i> Dia. <i>4</i> Slot gauge <i>1/4</i> Length <i>12</i> Set between <i>38</i> ft. and <i>56</i> ft. Fittings: <i>3/4 3/8 1/2</i> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>20-30</i>																							
				9 Static water level: <i>27</i> ft. below land surface Date <i>6-27-75</i>																							
				10 Pumping level below land surfaces: <i>NA</i> ___ ft. after ___ hrs. pumping ___ 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <i>0</i> ft. to <i>10</i> ft.																							
				14 Nearest source of possible contamination: ft. <i>200</i> Direction <i>South east</i> Type <i>Septic tank</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>pithead</i>																							
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ 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																							
16 Remarks: elevation <i>750</i> 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. <i>Resnerantz - Series 134</i> Business name _____ License No. _____ Address <i>Great Bend, Mo</i> Signed <i>Freddie Hudson</i> Date <i>6-30-75</i> Authorized representative																							

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