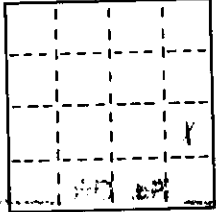


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Rush</i>	Township name	Fraction <i>SE/SE/NE/4</i>	Section number <i>22</i>	Town number <i>18</i>	Range number <i>20</i>
Distance and direction from nearest town or city: <i>3 East 1/2 N of Alexander, Mo</i> Street address of well location if in city:				3 Owner of well: <i>Winston George</i> Address: <i>Alexander, Mo.</i>		
Locate with "X" in section below: N W E 				4 Well depth: <i>50</i> ft. Date of completion <i>5-29-75</i> Well diameter <i>7 1/2</i> in.		
Sketch map: <i>3 1/2 miles</i>				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"/>		
				7 Casing: Material <i>galv.</i> Height: <i>above</i> / below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>1 1/2</i> in. Diam. <i>4</i> in. to <i>37</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>37</i> in. to <i>37</i> ft. depth Weight <i>160</i> lbs./ft.		
2				8 Screen: Manufacturer <i>R. &amp; B.</i> Type <i>slotted</i> Dia. <i>4</i> Slot/gauge <i>1/16</i> Length <i>11</i> Set between <i>37</i> ft. and <i>48</i> ft. Fittings: <i>3/4" x 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>32</i> ft. below land surface Date <i>5-29-75</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 type="checkbox"/> Pitless adapter <input checked="" 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>100</i> Direction <i>N.E.</i> Type <i>septic tank</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ 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  <i>2067</i>				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>Basement - Dennis 134</i> Business name License No. _____ Address <i>Great Bend, Kansas</i> Signed <i>Frederick Nelson</i> Date <i>6-3-75</i> Authorized representative		

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