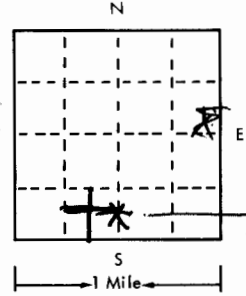


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

7 1 W 30 SE SW
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 CLOUD	Township name COLFAX	Fraction SE 1/4 SE SW	Section number 30	Town number T 7 S	Range number R 1 W
Distance and direction from nearest town or city: 4 NORTH			3 Owner of well: JOHN BAUER			
Street address of well location if in city: 2 WEST MILTONVALE			Address: MORGANVILLE KANS			
Locate with "X" in section below: 			Sketch map: WELL 400' - BARNYARD LOTS WELL LOCATION			4 Well depth: 109 ft. Date of completion 10/2/75 Well diameter 8 in.
2			Type and color of material		From	To
			TOPSOIL		0	2
			BROWN CLAY		2	9
			SANDY CLAY		9	20
			SANDROCK		20	67
			SANDROCK W/ CLAY LAYERS		67	71
SANDROCK		71	120			
STOP		120				
			8 Screen: Manufacturer CERTAINTEED Type SAND PAK Dia. 3 Slot gauge 1/16" Length 20' Set between 109 ft. and 89 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 4-1/4"			
			9 Static water level: 50 ft. below land surface Date 10/2/75			
			10 Pumping level below land surfaces: NA ft. after NA hrs. pumping NA g.p.m. NA ft. after NA hrs. pumping NA g.p.m. Estimated maximum yield 100 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 0 ft. to 10 ft.			
			14 Nearest source of possible contamination: ft. 400 Direction SOUTH Type LOTS Well disinfected upon completion? <input checked="" 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.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 1035 CUSTOMER TO INSTALL SLAB Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Volley			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 258 Business name License No. Address CLIFTON, KANSAS Signed Raymond Cox Date 10/2/75 Authorized representative			

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

Form WWC-5