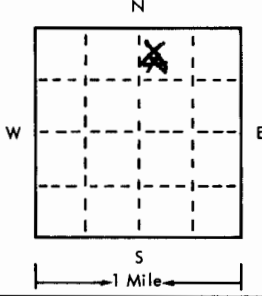
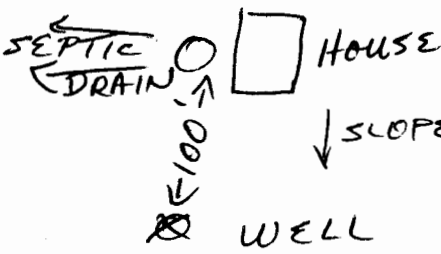


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

8 1 W 27 N 1/4 NE
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 STARR	Fraction NW 1/4 NE 1/4	Section number 27	Town number T 8 S	Range number R 1 W			
Distance and direction from nearest town or city: 1 SOUTH 2 1/2 EAST OF MILTONVALE			3 Owner of well: JO ANN HAUCK						
Street address of well location if in city:			Address: MILTON VALE, KANSAS						
Locate with "X" in section below: 		Sketch map: 		4 Well depth: 81 ft. Date of completion 10/3/75 Well diameter 8 in.					
2		Type and color of material		From		To		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 PVC Height: above below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 3 Weight 3 lbs./ft. 0 in. to 81 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
								8 Screen: Manufacturer CERTAINTEED Dia. 5 Slot gauge 1/16" Length 20 ft Set between 81 ft. and 61 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 8-1/4	
								9 Static water level: 45 ft. below land surface Date 10/3/75	
								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 50 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. 100 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 1400 Topography: PUMP INSTALLER TO INSTALL SLAB <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. GRALEX & SONS INC 258 Business name License No. Address GILFON, KANSAS Signed [Signature] Date 10/3/75 Authorized representative	

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

Form WWC-5