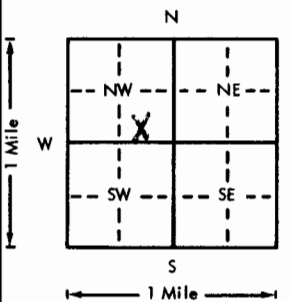
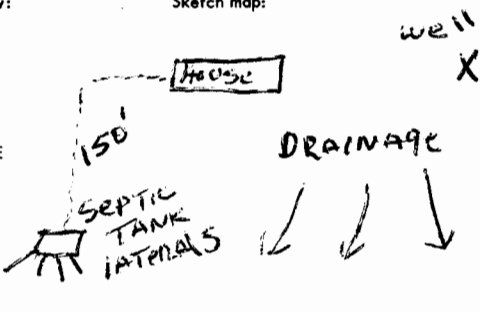


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

CBB WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

XWNW SW

1. Location of well: County <u>Shawnee</u>		Fraction <u>S 1/4 S 1/4 E 1/4 NW 1/4</u>		Section number <u>321</u>		Township number <u>T 13</u>		Range number <u>S R 17 E E/W</u>	
2. Distance and direction from nearest town or city: <u>3 S</u> Street address of well location if in city: <u>OF RICHLAND, KS</u>				3. Owner of well: <u>Bob Fowler</u> R.R. or street: <u>5325 S.E. 105</u> City, state, zip code: <u>BERRYTON, KS 66409</u>					
4. Locate with "X" in section below: 				Sketch map: 		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>140</u> ft. <u>11-18-75</u>			
5. Type and color of material				From		To		7. <input checked="" 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	
Top Soil				0		4		8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Clay (Brown) - Soft				4		24		9. Casing: Material <u>PVC</u> Height: <u>(above)</u> or below Threaded _____ Welded _____ Surface <u>3 3/4</u> in. RMP _____ PVC <u>GL</u> Weight <u>2.33</u> lbs./ft. Dia. <u>5</u> in. to <u>140</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>2-14</u>	
Grey Lime				24		30		10. Screen: Manufacturer's name _____ <u>Pump Co</u> Type <u>PVC</u> Dia. <u>5"</u> Slot gauge <u>20</u> Length <u>20</u> Set between <u>40</u> ft. and <u>60</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>0-20</u> ft. <input checked="" type="checkbox"/>	
Blue shale				30		45		11. Static water level: _____ mo./day/yr. <u>45</u> ft. below land surface Date <u>11-18-75</u>	
Limestone (grey - soft)				45		48		12. Pumping level below land surfaces: <u>AIR TEST</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>9 gph</u> g.p.m.	
Shale (grey)				48		89		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Limestone (grey)				89		95		14. Well head completion: <u>NOT INSTALLED</u> <input type="checkbox"/> Pitless adapter _____ inches above grade	
Shale (grey)				95		130		15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
Limestone (grey)				130		134		16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>SE</u> Type <u>SEPTIC TANK</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Shale (Blue)				134		140		17. 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	
(Use a second sheet if needed)									
18. Elevation: <u>1020</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>Robert Fowler</u> <u>Will install slab</u> <u>3' Sq.</u>				20. 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. <u>Stander Dalg Co Inc 182</u> Business name _____ License No. _____ Address <u>RT1 Holton Kansas</u> Signed <u>Dale Adams</u> Date <u>11-19-75</u> Authorized representative			

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

BR=1016

$\frac{7}{11} = 975$