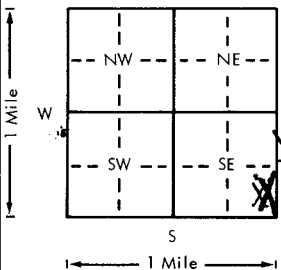


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

1. Location of well:		County <b>Franklin</b>	Fraction <b>SE 1/4 SE 1/4 SE 1/4</b>	Section number <b>1</b>	Township number <b>T 16 S</b>	Range number <b>R 18 E</b>
2. Distance and direction from nearest town or city:		<b>1500 ft South 1/2 West</b>		3. Owner of well: <b>Jeff Thompson</b>		
Street address of well location if in city:		<b>Centropolis</b>		R.R. # <b>4</b> City, state, zip code: <b>Ottawa, Kansas 66067</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>6 1/4</b> in. Completion date <b>10/31/78</b> Well depth <b>110</b> ft. <b>9 to 20</b>		
				7. <input checked="" type="checkbox"/> Cable tool <input 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		
5. Type and color of material		From		To		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
Soil		0		3		9. Casing: Material <input type="checkbox"/> Height: Above <b>18</b> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>sch 40</b> lbs./ft. Dia. <b>6 1/4</b> in. to <b>20</b> ft. depth Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>Sch 40</b>
Yellow Sand Rock		3		75		10. Screen: Manufacturer's name <b>none</b> Type <input type="checkbox"/> Dia. <input type="checkbox"/> Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/> Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <b>no</b> Size range of material <input type="checkbox"/>
Grey Sand Shale		75		85		11. Static water level: <input type="checkbox"/> ft. below land surface Date <b>10/31/78</b>
Grey <del>SAND</del> Sand		85		91		12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>30</b> g.p.m.
White Sand		91		110		13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
						14. Well head completion: <b>18</b> inches above grade <input type="checkbox"/> Pitless adapter
						15. Well grouted? <input type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>20</b> ft.
						16. Nearest source of possible contamination: ft. <b>75</b> Direction <b>West</b> Type <b>Septic</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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
18. Elevation:		19. Remarks:		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. <b>Royce Swank</b> <b>371</b> Business name License No. Address <b>R.R. 4 Ottawa, Kansas</b> Signed <b>Royce Swank</b> Date <b>10-31-78</b> Authorized representative		

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

Form WWC-5