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

WATER WELL RECORD
KSA 82a-1201-1215

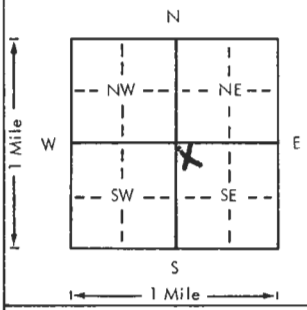
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Franklin	NW 1/4 NW 1/4 SE 1/4	8	T 16 S	R 19 (E) W

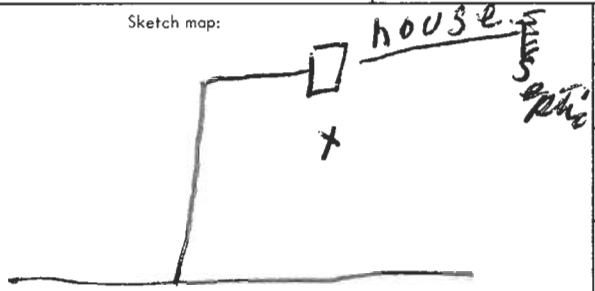
2. Distance and direction from nearest town or city: 1 N 3 W 1 N 3/4 W OTTAWA KAN. 1/2 N
Street address of well location if in city:

3. Owner of well: B. Michael Fornaro
R.R. or street: RR 2
City, state, zip code: Ottawa, Kan. 66067

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 6 3/4 in. Completion date 4-14-75
Well depth 105 ft. 9" to 18'

7. x Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: x Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material _____ Height: Above or ~~below~~
Threaded ____ Welded ____ Surface 18 in.
RMP ____ PVC x Weight sch 40 lbs./ft.
Dia. 5 in. to 105 ft. depth Wall Thickness: inches or
Dia. 6 3/4 in. to 20 ft. depth gage No. sch 40

5. Type and color of material	From	To
Soil	0	3
yellow sand rock	3	27
shald	27	68
coal	68	69
~~sandy~~ sand shld	69	105
(Use a second sheet if needed)		

10. Screen: Manufacturer's name crown line
Type sch 40 Dia. 5
Slot/gauze 3/8 Length 20
Set between 85 ft. and 105 ft.
____ ft. and ____ ft.
Gravel pack? no Size range of material ____

11. Static water level: mo./day/yr.
50 ft. below land surface Date ____

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 3 g.p.m.

13. Water sample submitted: mo./day/yr.
____ Yes ____ No Date ____

14. Well head completion:
x Pitless adapter 18 Inches above grade

15. Well grouted? ____
With x Neat cement ____ Bentonite ____ Concrete
Depth: From 3 ft. to 20 ft.

16. Nearest source of possible contamination:
ft. 150 Direction NW Type septic
Well disinfected upon completion? x Yes ____ No

17. Pump: ____ Not installed
Manufacturer's name Red Jacket
Model number 50M1-93C HP 1/2 Volts 220
Length of drop pipe 95 ft. capacity 10 g.p.m.
Type:
✓ Submersible ____ Turbine
____ Jet ____ Reciprocating
____ Centrifugal ____ Other

18. Elevation:

Topography:
____ Hill
____ Slope
✓ Upland
____ Valley

19. Remarks:
This well was drilled on all new ground.

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.
Business name EDGAR SWANK 124 License No.
Address R4 OTTAWA KAN
Signed Edgar Swank Date 9-30-78
Authorized representative

T 16 R 19 (E) W Sec 8 1/4 NW 1/4 1/4 NW SE

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

Form WWC-5