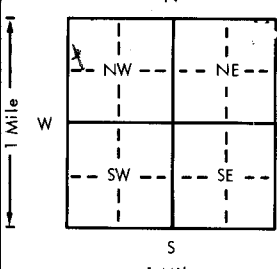


USE TYPEWRITER OR BALL  
POINT PEN-PRINT CLEARLY  
PRINT CLEARLY

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: <u>BROWN</u> Fraction: <u>NE 1/4 NE 1/4 NE 1/4</u> Section number: <u>5 4</u> Township number: <u>T 3 S</u> Range number: <u>R 18 E</u>	
2. Distance and direction from nearest town or city: <u>3 NM OF</u> Street address of well location in city: <u>Robinson</u> 3. Owner of well: <u>Bill Lawler</u> R.R. or street: <u></u> City, state, zip code: <u>Robinson</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
From To	
TOP SOIL 0 4	
CLAY, SOFT, SILTY 4 47	
GRAVEL 47 51	
SHALE, GRAY 51 100	
6. Bore hole dia. <u>10</u> in. Completion date <u>2-23-77</u> Well depth <u>100</u> ft.	
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	
8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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 checked="" type="checkbox"/> Other	
9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <u>96</u> Weight <u>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>100</u> ft. depth gage No. <u>2.74</u>	
10. Screen: Manufacturer's name <u>PUMPCO</u> Type <u>PVC</u> Dia. <u>5</u> <u>50</u> gauge <u>.020</u> Length <u>90</u> Set between <u>20</u> ft. and <u>60</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>10-30 X 10-60</u>	
11. Static water level: <u>20</u> ft. below land surface Date <u>2-23-77</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>AIR TEST</u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. Estimated maximum yield <u>12</u> g.p.m.	
13. Water sample submitted: <u>    </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>    </u>	
14. Well head completion: <u>CAP</u> <u>    </u> Pitless adapter <u>24</u> inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>15</u> ft.	
16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>SW</u> Type <u>SE DRAINAGE</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>    </u> Model number <u>    </u> HP <u>    </u> Volts <u>    </u> Length of drop pipe <u>    </u> ft. capacity <u>    </u> 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: <u>990'</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
19. Remarks: <u>OWNER WILL INSTALL SLAB</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. Business name <u>STRATTON CO INC</u> License No. <u>182</u> Address <u>RR # 1 HOLTON KS</u> Signed <u>Jay Johnson</u> Date <u>2-25-77</u> Authorized representative	

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

Form WWC-5

BR = 939

▽ = 970