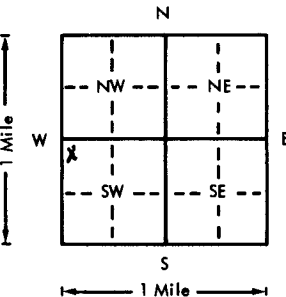


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 PAWNEE	Fracton 1/4 NW 1/4 SW 1/4	Section number 19	Township number T 21 S	Range number R 16 E	
2. Distance and direction from nearest town or city: LARNED 1 1/4 W 1 1/2 N			3. Owner of well: CHARLES STAPN R.R. or street: RFD 1 City, state, zip code: LARNED KS 67550				
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. 5 7/8 in. Completion date Well depth 125 ft. 4-14-76		
					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 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		
5. Type and color of material			From		To		9. Casing: Material PITS Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 20 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 125 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 281
							10. Screen: Manufacturer's name Home made Drill Holes Type PVC Dia. 5 Slot/gauze 1/8 Length 20 FT Set between 105 ft. and 125 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/16 - 3/32
							11. Static water level: <input type="checkbox"/> mo./day/yr. 49 ft. below land surface Date 4-14-76
							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 150 g.p.m.
							13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>
							14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
							15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 4 ft. to 18 ft.
							16. Nearest source of possible contamination: SEPTIC ft. 150 Direction SE Type FANR Well disinfected upon completion? <input checked="" 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
(Use a second sheet if needed)							
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. PAWNEE DAIG 326 Business name License No. Address Box 121 PAWNEE KS Signed David Daig Date 5-9-76 Authorized representative			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 21 S R 16 E Sec 19 NW 1/4 NE 1/4

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

Form WWC-5