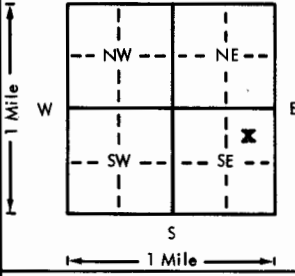


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Stafford</b>	Fraction <b>C 1/4 NE 1/4 SE 1/4</b>	Section number <b>29</b>	Township number T <b>22</b> S	Range number R <b>12</b> E <b>W</b>
2. Distance and direction from nearest town or city: <b>12 miles Northwest of Stafford, KS</b> Street address of well location if in city:			3. Owner of well: <b>K. B. Wagner</b> R.R. or street: <b>(?)</b> City, state, zip code: <b>Hudson, KS 67545</b>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			6. Bore hole dia. <b>9</b> in. Completion date <b>9-24-76</b> Well depth <b>75</b> ft.		
			7. <input 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 checked="" 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 <b>Styrene</b>		
			9. Casing: Material <b>plastic</b> Weight <b>(Above)</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>1.5</b> lbs./ft. Dia. <b>5</b> in. to <b>63</b> ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. <b>200#</b>		
			10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> <b>Styrene 200</b> Dia. <b>5"</b> Slot/gauze <b>1/8"</b> Length <b>12'</b> Set between <b>63</b> ft. and <b>75</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <b>yes</b> Size range of material <b>3/8-200</b>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. <b>20'6"</b> ft. below land surface Date <b>9-24-76</b>		
			12. Pumping level below land surfaces: <b>N/C</b> <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 <input type="checkbox"/> 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 <b>12</b> inches above grade		
			15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
			16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Berkeley</b> Model number <b>4BL12</b> HP <b>3/4</b> Volts <b>230</b> Length of drop pipe <b>42</b> ft. capacity <b>15</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
			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>Clarke Well &amp; Equip. Inc. 185</b> Business name License No. Address <b>Great Bend, KS 67530</b> Signed <b>O.W. Chubb</b> Date <b>9-28-76</b> Authorized representative		
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5

22 L20 29 CNESE 1/4 1/4 1/4