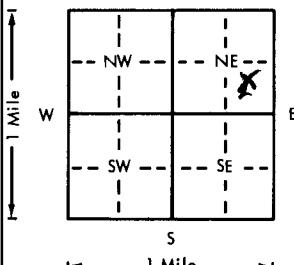


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Fitz Roy #1

1. Location of well: County <u>Lawrence</u> Fraction <u>C SE NE</u> 1/4 1/4 1/4 Section number <u>23</u> Township number <u>T 22 S</u> Range number <u>R 18 W E/W</u>	2. Distance and direction from nearest town or city: <u>3 1/2 miles north of Garfield</u> Street address of well location if in city:	3. Owner of well: <u>B & N Drilling Co</u> R.R. or street: <u>Independence</u> City, state, zip code: <u>Kansas</u>
4. Locate with "X" in section below: Sketch map: 		6. Bore hole dia. <u>8</u> in. Completion date <u>6-10-77</u> Well depth <u>90</u> ft.
5. Type and color of material		7. <input 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 type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other
		9. Casing: Material <u>Plastic</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2873</u> lbs./ft. Dia. <u>5</u> in. to <u>90</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth Gauge No. <u>200</u>
		10. Screens: Manufacturer's name <u>Self made</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>20</u> Set between <u>5</u> ft. and <u>90</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/16 - 1/8</u>
		11. Static water level: <u>40</u> ft. below land surface Date <u>6-10-77</u> mo./day/yr.
		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
		15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
		16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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. <u>Myers Water Well</u> Business name <u>St Bend</u> License No. <u> </u> Address <u>Ks</u> Signed <u> </u> Date <u>6-10-77</u> Authorized representative

Topography:
☒ Hill
☒ Slope
☐ Upland
☐ Valley

(Use a second sheet if needed)

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

Form WWC-5