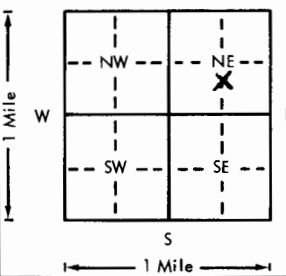


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

N/2 S/2 *25* *24S*

1. Location of well: County <i>Stafford</i>		Fraction <i>3/4</i>	Section number <i>24</i>	Township number T <i>25</i> S R <i>12</i> E <i>W</i>
2. Distance and direction from nearest town or city: <i>3/4 mi S. East into field from</i> Street address of well location if in city: <i>Stafford, KS.</i>		3. Owner of well: <i>Harold McFadden</i> R.R. or street: <i>RR #1</i> City, state, zip code: <i>Stafford, KS. 67578</i>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		
5. Type and color of material		From	To	6. Bore hole dia. <i>2 1/2</i> in. Completion date <i>5-23-77</i> Well depth <i>37</i> ft.
<i>Sandy top soil</i>		<i>0</i>	<i>2</i>	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
<i>Clay</i>		<i>2</i>	<i>11</i>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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
<i>Sand & gravel</i>		<i>11</i>	<i>38</i>	9. Casing: Material <i>Steel</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>18</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia <i>1 1/2</i> in. to <i>37</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>7</i>
<i>Clay</i>		<i>38</i>	<i>39</i>	10. Screen: Manufacturer's name _____ <i>Johnson</i> Type <i>steel</i> Dia. _____ Slot _____ Length <i>10</i> Set between <i>27</i> ft. and <i>37</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/2 3/4 1/2</i>
				11. Static water level: _____ mo./day/yr. <i>9</i> ft. below land surface Date <i>4-4-77</i>
				12. Pumping level below land surfaces: <i>20</i> ft. after <i>1</i> hrs. pumping <i>200</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>500</i> g.p.m.
				13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>4-4-77</i>
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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 <i>0</i> ft. to <i>10</i> ft.
				16. Nearest source of possible contamination: ft. <i>190</i> Direction <i>West</i> Type <i>septic</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				17. Pump: _____ Not installed Manufacturer's name <i>W. L. P.</i> Model number <i>3-12CH</i> HP <i>40</i> Volts _____ Length of drop pipe <i>30</i> ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <i>Baroncrantz-Bemis 134</i> Business name _____ License No. _____ Address <i>Speed Bend, KS. 67530</i> Signed <i>Larry Wilson</i> Date <i>8-26-77</i> Authorized representative	

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24 120 25 N/2 S/2 E

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

Form WWC-5