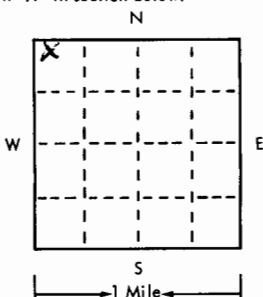


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Stafford	Township name	Fraction NW$\frac{1}{4}$, NW$\frac{1}{4}$	Section number 24	Town number 24 S	Range number 13 W
Distance and direction from nearest town or city: 3 So & 2 E. of St. John, Kan. Street address of well location if in city:				3 Owner of well: Leo Fox Address: St. John, Kansas Well No. 1-75		
Locate with "X" in section below: 				Sketch map:		
2 Type and color of material				From	To	4 Well depth: 57 ft. Date of completion: 11/14/75 Well diameter 8$\frac{1}{2}$ in.
Sandy top soil				0	2	5 <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
Brown and gray clay				2	18	6 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"/> Commercial <input type="checkbox"/> Test well
Fine to coarse sand				18	35	7 Casing: Material P1. Height: above Grade Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. Diam. PVC Weight _____ lbs./ft. 6 in. to 37 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
Med. to coarse sand & gravel				35	55	8 Screen: Manufacturer _____ Type PVC P1. Dia. 6" Slot/gauze 1/8 Length 20' Set between _____ ft. and _____ ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8 x 1/2
						9 Static water level: 14$\frac{1}{2}$ ft. below land surface Date 11-14-75
						10 Pumping level below land surfaces: NO TEST _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 3 ft. to 10 ft.
						14 Nearest source of possible contamination: ft. 50+ Direction NE Type House Sewer line Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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
16 Remarks: elevation				17 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. Layne Western Co. 102 Business name Wichita, Kansas License No. _____ Address _____ Signed _____ Date 11/20/75 Authorized representative		

24
13W 24 NW 1/4 NW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5