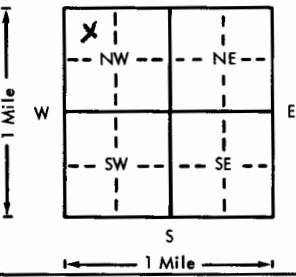


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Franeler #1

1. Location of well:	County: <i>Stafford</i>	Fraction: <i>C NW NW</i> <small>1/4 1/4 1/4</small>	Section number: <i>H</i>	Township number: <i>T 25 S</i>	Range number: <i>R 15 W E/W</i>																																																																			
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:																																																																					
4. Locate with "X" in section below: 			Sketch map:																																																																					
5. Type and color of material			From	To	6. Bore hole dia. <i>5</i> in. Completion date _____ Well depth <i>70</i> ft. <i>8-8-77</i>																																																																			
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Clay</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td>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</td> </tr> <tr> <td colspan="5">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</td> </tr> <tr> <td colspan="5">9. 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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.</td> </tr> <tr> <td colspan="5">13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____</td> </tr> <tr> <td colspan="5">14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade</td> </tr> <tr> <td colspan="5">15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.</td> </tr> <tr> <td colspan="5">16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="5">17. 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