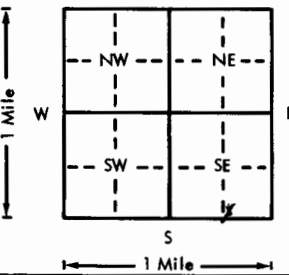


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Fowler

1. Location of well:		County Meade	Fraction C SW 1/4 SE 1/4	Section number 22	Township number T 30 S	Range number R 26 E
2. Distance and direction from nearest town or city: Street address of well location if in city:		1E-2N-2 1/2 E of Fowler Kan		3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 2 1/2 in. Completion date 2-10-76 Well depth 173 ft.		
				7. 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		
5. Type and color of material		From	To	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		
Top Soil-Sand-Clay		0	20	9. Casing: Material steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 36.91 lbs./ft. Dia. 1 1/2 in. to 1 1/2 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. 229,219		
Fine to med coarse sand Gravel		20	40	10. Screen: Manufacturer's name Brown Jorch Cut Type <input type="checkbox"/> Dia. <input type="checkbox"/> Slot/gauze 3/8 Length 113 Set between 60 ft. and 173 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4		
Coarse Sand + Gravel loose		40	60	11. Static water level: <input type="checkbox"/> mo./day/yr. 55 ft. below land surface Date 2-2-76		
Gravel Loose Caliche		60	80	12. Pumping level below land surfaces: no ft. after <input type="checkbox"/> hrs. pumping 7 g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 800 g.p.m.		
Caliche Fine Sand Clay		80	100	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>		
Clay Blue + yellow Fine Sand		100	120	14. Well head completion: Pitless adapter 12 inches above grade		
Blue Clay Fine sand stls		120	140	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
11 11 11 11		140	160	16. Nearest source of possible contamination: Surf ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type Water Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11 11		160	180	17. Pump: Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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		
180 200				18. Elevation: 2547 Topography: Thru <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		
19. Remarks: Top To be completed by customer Signed Adrian Milford				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. Allen + Rawlins 322 Business name License No. Address Box 130 Meade Kan Signed Albert Rawlins Date 2-11-76 Authorized representative		

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

Form WWC-5