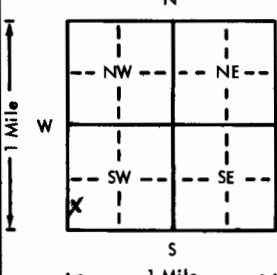


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Fowler

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

1. Location of well:		County Meade	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 22	Township number T 30 S	Range number R 26 E/W
2. Distance and direction from nearest town or city: 1 E, 2 N, 1 E of				3. Owner of well: Adrian Milford		
Street address of well location if in city: Jowler Kan				R.R. or street: Jowler Kan City, state, zip code: 67844		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 2 1/2 in. Completion date 1-8-76 Well depth 160 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		
				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		
5. Type and color of material				9. Casing: Material steel Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 36.91 lbs./ft. Dia. 1 1/2 in. to 160 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 349.219		
		From To		10. Screen: Manufacturer's name BROWN Free Flo Type <input type="checkbox"/> Dia. 1 1/2 Slot/gauze 1/2 Length 105 Set between 55 ft. and 160 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/16		
Top Soil + SAND		0 20		11. Static water level: 55 ft. below land surface Date 1-9-76 mo./day/yr.		
Fine To Med SAND		20 40		12. Pumping level below land surfaces: NO TEST ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 1200 g.p.m.		
Coarse SAND + Gravel		40 60		13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
" " "		60 80		14. Well head completion: 12 inches above grade Pitless adapter <input type="checkbox"/>		
" " " Clay STKs.		80 100		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.		
Fine to Med Coarse sand		100 120		16. Nearest source of possible contamination: None ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Brown + yellow Clay Fine sand & silt		120 140		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		
Blue Clay		140 160		18. Elevation: 2535 Topography: Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input 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 Signed Albert Rawlins Date 3-18-76 Authorized representative		

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

Form WWC-5