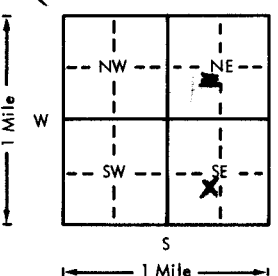
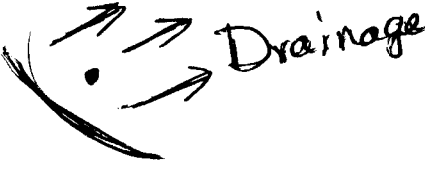


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

X Location of well: County MEADE		X Section NE SW SE SE NE NE 1/4		Section number 8	Township number 33	Range number 26 E/W
X Distance and direction from nearest town or city: 16 mi SE 13 S - 1 1/2 E of Fowler				3. Owner of well: Clifford Wilson R.R. or street: City, state, zip code: Fowler, Ks. 67844		
X Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 1/2 in. Completion date 2/11/77 Well depth 180 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				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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material PIST Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 180 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 320		
				From	To	10. Screen: Manufacturer's name Sun Flower
Top Soil				1	5	Type Styrene Dia. 5
Sand				5	15	Slot/gauze 7/16 Length 20
Clay				15	70	Set between 160 ft. and 180 ft.
Sand stone				70	80	Gravel pack? yes Size range of material 1/4 - 1/2
Clay				80	120	11. Static water level: 50 ft. below land surface Date 2-11-77
Gravel				120	135	12. Pumping level below land surfaces: 100 ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 25 g.p.m.
Clay				135	160	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
Gravel				160	180	14. Well head completion: <input type="checkbox"/> Pitless adapter 20 inches above grade
						15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.
						16. Nearest source of possible contamination: ft. 1 mi Direction NE Type Creek Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						17. Pump: <input type="checkbox"/> 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 checked="" type="checkbox"/> Other
(Use a second sheet if needed)						
18. Elevation: 2300 ft Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: refer to No. 12 Well is pumped by Windmill 2300 2200		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. Bartel Bly 101 A Business name meade Ks License No. Address meade Ks Signed Bartel Bly Date 2-11-77 Authorized representative		

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

Form WWC-5