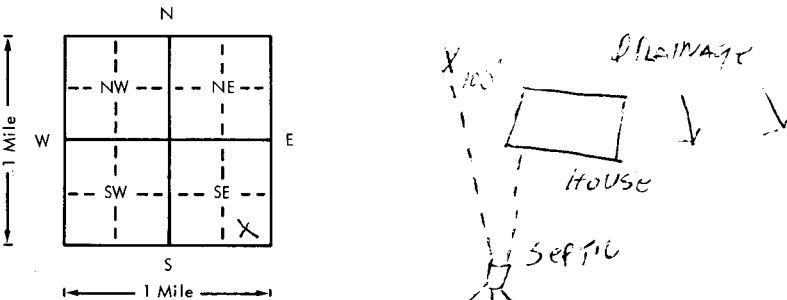


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:		County <u>POTAWATOMIE</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section number <u>3</u>	Township number <u>T 10</u>	Range number <u>R 10</u>	<u>EW</u>
2. Distance and direction from nearest town or city: <u>37 E of</u> Street address of well location if in city: <u>WAMEGO</u>				3. Owner of well: <u>RAY FAIRCHILD</u> R.R. or street: <u>RR1</u> City, state, zip code: <u>WAMEGO, KS. 66654</u>			
4. Locate with "X" in section below: 				6. Bore hole dia. <u>12</u> in. Completion date <u>9-27-78</u> Well depth <u>47</u> ft.			
5. Type and color of material				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 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
From				9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <u>PVC 9L</u> Weight <u>258</u> lbs./ft. Dia. <u>5</u> in. to <u>47</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>274</u>			
				10. Screen: Manufacturer's name <u>WMPCO MPE</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>020</u> Length <u>10</u> Set between <u>37</u> ft. and <u>47</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>0.30-0.60</u>			
TOP SOIL				11. Static water level: <u>25</u> ft. below land surface Date <u>9-27-78</u> mo./day/yr.			
CLAY, BROWN				12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>40</u> g.p.m.			
FINE SAND				13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>			
FINE SAND - COARSE SAND - MED GR.				14. Well head completion: <u>CAP</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>15</u> ft.			
				16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>S</u> Type <u>SEPTIC</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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			
(Use a second sheet if needed)				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. <u>STRAIDER DRIG CO</u> <u>182</u> Business name License No. Address <u>RT1 Holton, KS</u> Signed <u>Dale Ashen</u> Date <u>9-28-78</u> Authorized representative			
18. Elevation:		19. Remarks: <u>OWNER TO INSTALL SUMP</u>		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. <u>STRAIDER DRIG CO</u> <u>182</u> Business name License No. Address <u>RT1 Holton, KS</u> Signed <u>Dale Ashen</u> Date <u>9-28-78</u> Authorized representative			

T 10 R 10 E 3 Sec 3

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

Form WWC-5