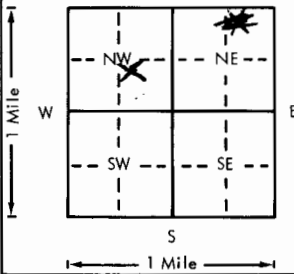


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Pottawatomie</u> Fraction <u>NW SE NW</u> Section number <u>84</u> Township number <u>T 10 S</u> Range number <u>R 10 EW</u>	
2. Distance and direction from nearest town or city: <u>1/2 mi. N.</u> Street address of well location if in city: <u>Wamego</u>	
3. Owner of well: <u>Delmar Fink</u> R.R. or street: <u>RR 1</u> City, state, zip code: <u>Wamego, Ks. 66547</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Red Sandy Clay</u>	<u>0 21</u>
<u>Red Fine Sand</u>	<u>21 26</u>
<u>Med. Brown Gravel</u>	<u>26 30</u>
<u>Brown Clay</u>	<u>30 35</u>
<u>Brown Pea Gravel</u>	<u>35 50</u>
<u>yellow Shale</u>	<u>50 60</u>
<u>Gray Shale</u>	<u>60 66</u>
(Use a second sheet if needed)	
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Owner to Pour Cement Slab</u>
6. Bore hole dia. <u>10</u> in. Completion date <u>1-6-78</u> Well depth <u>66</u> ft.	
7. <input checked="" 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	
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	
9. Casing: Material <u>PVC</u> Height Above or below Threading <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <u>Blue</u> Weight <u>2.74</u> lbs./ft. Dia. <u>5</u> in. to <u>66</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>66</u> ft. depth gage No. <u>257</u>	
10. Screen: Manufacturer's name <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5"</u> <u>Sty</u> gauze <u>20</u> Length <u>20</u> Set between <u>31</u> ft. and <u>51</u> ft. Gravel pack? <u>yes</u> Size range of material <u>0.50-0.80</u>	
11. Static water level: <u>30</u> ft. below land surface Date <u>1-6-78</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>Air test</u> <u>30</u> ft. after <u>0</u> hrs. pumping <u>0</u> g.p.m. <u>30</u> ft. after <u>0</u> hrs. pumping <u>0</u> g.p.m. Estimated maximum yield <u>50</u> g.p.m.	
13. Water sample submitted: <u>0</u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>1-6-78</u>	
14. Well head completion: <u>Top cap</u> <u>0</u> Pitless adapter <u>0</u> Inches above grade	
15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>25</u> ft.	
16. Nearest source of possible contamination: <u>125</u> ft. Direction <u>E</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>0</u> Model number <u>0</u> HP <u>0</u> Volts <u>0</u> Length of drop pipe <u>0</u> ft. capacity <u>0</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	
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>TRADE DRIL CO INC 182</u> Business name License No. Address <u>RT 1 Holton, Ks</u> Signed <u>Delmar Fink</u> Date <u>1-16-78</u> Authorized representative	

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

Form WWC-5

T 10 S R 10 EW Sec 84