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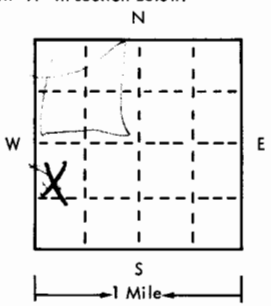


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

| | | | | | | | |
|---|--|--|--------------------------------|---|----------------------------|--|-----------------------------|
| 1 Location of well: | | County <u>Pottawatomie</u> | Township name <u>Wamego</u> | Fraction Tract <u>NW 1/4</u> | Section number <u>6</u> | Town number <u>10</u> | Range number <u>10 E</u> |
| Distance and direction from nearest town or city: <u>3 N.W. Wamego, KS.</u> | | | | 3 Owner of well: <u>HUPEE</u> Address: <u>Wamego, Kansas</u> | | | |
| Street address of well location if in city: | | Sketch map:  | | Locate with "X" in section below: | | 4 Well depth: <u>100</u> ft. Date of completion <u>5-1-75</u> Well diameter <u>12</u> in. | |
| 2 Type and color of material | | From | To | 5 <input 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 | | | |
| <u>Top Soil</u> | | <u>0</u> | <u>6</u> | 6 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"/> Commercial <input type="checkbox"/> Test well | | | |
| <u>Br. clay</u> | | <u>6</u> | <u>50</u> | 7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Diam. <u>5</u> in. Weight <u>2.33</u> lbs./ft. <u>5</u> in. to <u>100</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| <u>Blue clay</u> | | <u>50</u> | <u>65</u> | 8 Screen: Manufacturer <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gal. <u>.025</u> Length <u>10'</u> Set between <u>65</u> ft. and <u>75</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#3</u> | | | |
| <u>Fine Sand</u> | | <u>65</u> | <u>73</u> | 9 Static water level: <u>NOT MEASURED</u> ft. below land surface Date | | | |
| <u>Rock shale</u> | | <u>73</u> | <u>100</u> | 10 Pumping level below land surfaces: <u>Air Test</u> ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield <u>8</u> g.p.m. | | | |
| | | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date | | | |
| | | | | 12 Well head completion: <u>CAPPED</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade | | | |
| | | | | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite Depth: From <u>0</u> ft. to <u>10</u> ft. | | | |
| | | | | 14 Nearest source of possible contamination: ft. <u>150</u> Direction <u>EAST</u> Type <u>SEPTIC TANK</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | | 15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number HP Volts Length of drop pipe ft. capacity g.m.p. 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 | | | |
| 16 Remarks: elevation | | | | 17 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>Strader Drilling Co. Inc. #182</u> Business name License No. Address <u>81-75N Holton, Kansas</u> Signed <u>Rob Anderson</u> Date <u>5-4-75</u> Authorized representative | | | |
| Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | | |

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5