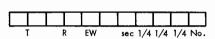


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.



WATER WELL RECORD KSA 82a-1201-1215



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

		T	T		,					
1 Location of well:	County	Township name	0 NW14		Section number			Town number	Range number	
	Tott3 watomie	Wanego							108	
Distance and direct	ion from nearest town or cit	% 3 ∧ ₩	Address: Address:							
Street address of well location if in city: Wanego, Ko Addre						wanego, Kansas				
Locate with "X" in section below: N Sketch map:							4 Well depth: 100 ft. Date of completion Well diameter 12 in. 4-30-75			
	1 t 1 1 1 1 1 1 1 1 1						5 🗌	Cable tool 🔀 Rotary	Driven Dug	
w							6 Use	☐ Irrigation ☐ Air co		
	S .				`.*	<u>50'</u>	Thr	eaded Welded S	urface 24 in.	
2 Type and color of material						T _o				
Top So, L						4	Manufacturer Pumple Type Dia. 5 Slot/marker 25 Length 10			
Brown CLAY						3Ĉ				
BLUE CLAY							Fitt Gro	tings: avel pack 🔀 Yes 🔲 No S	Size range of material 2	
Coarse Sand					60	74	9 Stat	tic water level: No 7	Measure	
Rock-Shale					74	100				
								ft. after hrs. pumping g.p.m.		
								ter sample submitted:		
								Pitless adapter 2 Inches above grade 13 Well grouted? Yes No Neat cement Bentonite Depth: From ft. to ft. 14 Nearest source of possible contamination: ft. Direction South Type Septim		
							⊠			
							ft.			
	15 Pump: Not installed					Not installed				
							Мо	del number H		
							Тур	e:	Turbine	
	(use	a second sheet if needed)					_	Jet [Certrifugal [Reciprocating Other	
16 Remarks: elevat	16 Remarks: elevation							ter well contractor's certif		
1110	11/0							This well was drilled under my jurisdiction and this		
Topography:							report is true to the best of my knowledge and belief. Strader Drilling Co. Tric. Business name Address RI-75N Holten, KANS			
⊠ Hill										
Slope							1	0.00.1	note 430	
Upland Valley							Sig	Authorized represe	ntative Date	

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

Form WWC-5