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

WATER WELL RECORD
KSA 82a-1201-1215

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

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>10E</u>
Distance and direction from nearest town or city: <u>3 NW Wamego, KS</u>				3 Owner of well: <u>HUPPE CONST.</u>			
Street address of well location if in city:				Address: <u>Wamego, Kansas</u>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>105</u> ft. Date of completion <u>2-19-75</u> Well diameter <u>12</u> in.			
				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			
2		Type and color of material		From	To	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>Top Soil</u>		<u>0</u>	<u>5</u>	7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>5</u> in. Diam. <u>5</u> in. to <u>105</u> ft. depth Weight <u>2.33</u> lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<u>YELLOW clay</u>		<u>5</u>	<u>18</u>	8 Screen: Manufacturer <u>Pumpco</u> Type <u>PIC</u> Dia. <u>5"</u> Slot <u>.025</u> Length <u>20'</u> Set between <u>60</u> ft. and <u>80</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#3</u>	
		<u>Sand</u>		<u>18</u>	<u>25</u>	9 Static water level: <u>NOT MEASURED</u> ft. below land surface Date	
		<u>Blue clay</u>		<u>25</u>	<u>60</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>3</u> g.p.m.	
		<u>Grey silt sand</u>		<u>60</u>	<u>66</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
		<u>Blue clay</u>		<u>66</u>	<u>75</u>	12 Well head completion: <u>capped</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade	
		<u>Lime</u>		<u>75</u>	<u>78</u>	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.	
		<u>Shale</u>		<u>78</u>	<u>90</u>	14 Nearest source of possible contamination: ft. <u>150</u> Direction <u>WEST</u> Type <u>SEPTIC TANK</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<u>Lime</u>		<u>90</u>	<u>92</u>	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	
		<u>Shale</u>		<u>92</u>	<u>105</u>	16 Remarks: elevation <u>1152</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
		(use a second sheet if needed)				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, KANS</u> Signed <u>Dale Bakken</u> Date <u>2-23-75</u> Authorized representative	

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

Form WWC-5