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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 <u>Tract 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>HUPPE</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>100</u> ft. Date of completion _____ Well diameter <u>12</u> in. <u>2-21-75</u>				
				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				
				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 <input type="checkbox"/> _____				
2 Type and color of material		From		To		7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Diam. _____ 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 _____ in. to _____ ft. depth		
						8 Screen: Manufacturer <u>Pumped</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/_____ <u>1025</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>#2</u>		
Top Soil		0		6		9 Static water level: <u>NOT MEASURED</u> _____ ft. below land surface Date _____		
Brown Clay		6		48		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>4</u> g.p.m.		
Blue Clay		48		64		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Fine Sand		64		71		12 Well head completion: <u>CAPPED</u> <input type="checkbox"/> Pitless adapter <u>24</u> <input type="checkbox"/> Inches above grade		
Blue Shale		73		85		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.		
Grey Limestone		85		91		14 Nearest source of possible contamination: ft. <u>200</u> Direction <u>EAST</u> Type <u>SEPTIC TANK</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Grey Shale		91		100		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		
(use a second sheet if needed)						16 Remarks: elevation <u>100</u>		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						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>21-75N Halton, KANS.</u> Signed <u>Dale Bohm</u> Date <u>2-26-75</u> Authorized representative		

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

Form WWC-5