

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-NW Wamego, KS</u>				3 Owner of well: <u>HUPPE</u>				
Street address of well location if in city:				Address: <u>WAMEGO, KS.</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>5-3-75</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/gauge <u>.025</u> Length <u>20'</u> Set between <u>40</u> ft. and <u>60</u> ft. _____ Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#3</u>		
Top Soil		0		5		9 Static water level: <u>NOT MEASURED</u> _____ ft. below land surface Date _____		
Sandy yellow clay		5		50		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>5</u> g.p.m.		
Fine sand		50		58		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Rock Shale		58		100		12 Well head completion: <u>CAPPED</u> <input type="checkbox"/> Pitless adapter <u>24</u> <input type="checkbox"/> 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 <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.		
						14 Nearest source of possible contamination: ft. <u>200</u> Direction <u>WEST</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 <u>1150</u>						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>6475 N Holton, KANS.</u> Signed <u>[Signature]</u> Date <u>5-7-75</u> Authorized representative		
						(use a second sheet if needed)		

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

Form WWC-5