

2 owners 11-2-79

1 LOCATION OF WATER WELL
 County: POTAWATOMIE Fraction: NE 1/4 NE 1/4 NE 1/4 Section Number: 9 Township Number: T 10 S Range Number: R 10 E/W
 Distance and direction from nearest town or city? _____ Street address of well if located within city? _____

2 WATER WELL OWNER: Wamego City well #7
 RR#, St. Address, Box #: Wamego, KANSAS 66547
 City, State, ZIP Code: _____
 Board of Agriculture, Division of Water Resources Application Number: _____

3 DEPTH OF COMPLETED WELL: 54 ft. Bore Hole Diameter: 24 in. to _____ ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: 29-10" ft. below land surface measured on October month 27 day 1979 year
 Pump Test Data: 500 Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: 500 gpm Well water was 39'-2" ft. after 4 1/2 hours pumping 500 gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded ✓
 7 Fiberglass Threaded _____
 Blank casing dia: 12 in. to 39 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: 30 in., weight 49.56 lbs./ft. Wall thickness or gauge No. 375

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are: ✓
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped Johnson 9 Drilled holes
(2080) 10 Other (specify) STAINLESS STEEL
 7 Torch cut
 Screen-Perforation Dia: 12 in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 39 ft. to 54 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 25 ft. to 54 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

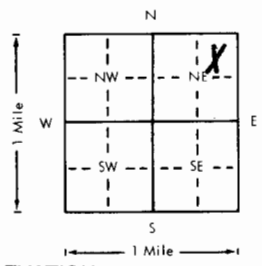
5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ft. to 25 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) _____
 13 Watertight sewer lines
 Direction from well: West How many feet: 150 ? Water Well Disinfected? Yes ✓ No _____
 Was a chemical/bacteriological sample submitted to Department? Yes ✓ No _____ If yes, date sample _____
 was submitted February month 9 day 1979 year: Pump Installed? Yes ✓ No _____
 If Yes: Pump Manufacturer's name: Jacuzzi Model No. 10MSAT HP 50 Volts 460
 Depth of Pump Intake: 50 ft. Pumps Capacity rated at 500 gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

3 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on October month 27 day 1979 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 182
 This Water Well Record was completed on November month 1 day 1979 year under the business name of Strader Dalg Co Inc by (signature) Dale Robin

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	6	TOP SOIL			
6	26	Sandy clay, brown			
26	39	Fine sand, coarse sand			
29	32	Fine sand, coarse sand, med. gravel			
32	54	" " " " " "			PEA gravel



ELEVATION: _____
 Depth(s) Groundwater Encountered 1 29 ft. 2 _____ ft. 3 _____ ft. 4 _____ ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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