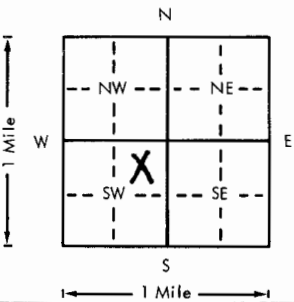


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County POTAWATOMIE Fraction NE 1/4 NE 1/4 SW 1/4 Section number 17 Township number T 10 S R 10 Range number 10 CW	
2. Distance and direction from nearest town or city: 1.5 SW OF Street address of well location if in city: WAMEGO	
3. Owner of well: DAVE DOPORALSKI R.R. or street: 1603 SUNSET City, state, zip code: WAMEGO, KS 66547	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
TOP SOIL	0 6
Clay, brown water bearing	6 18
Fine sand, coarse sand, gravel	18 90
6. Bore hole dia. 8 in. Completion date 4-11-79 Well depth 90 ft.	
7. <input checked="" 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	
8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material PVC Height: above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 39 in. RMP <input type="checkbox"/> PVC 96 Weight 2.82 lbs./ft. Dia. 5 in. to 10 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 258	
10. Screen: Manufacturer's name Pumpco mpe Type PVC Dia. 5 <input checked="" type="checkbox"/> gauze .020 Length 7 Set between 33 ft. and 90 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: 0.3x.060	
11. Static water level: <input type="checkbox"/> mo./day/yr. 15 ft. below land surface Date 7-11-79	
12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 50 g.p.m.	
13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
14. Well head completion: CAP <input type="checkbox"/> Pitless adapter 39 Inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
16. Nearest source of possible contamination: ft. 200 Direction E Type River Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. 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)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: OWNER TO INSTALL SLAB
20. 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. STRADER Dalg Co Inc 182 Business name License No. Address RT 1 Holton, KS Signed Dale Asham Date 4-14-79 Authorized representative	

T 10 R 10 S 10 W 12 NE 1/4 SW

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5