

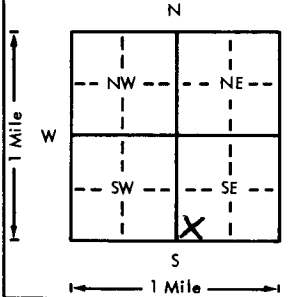
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Name

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 <u>Habounsee</u>	Fraction <u>SW 1/4 SW 1/4 SE 1/4</u>	Section number <u>21</u>	Township number T <u>10</u> S	Range number R <u>10</u> <u>EW</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <u>Bill Dittler</u> R.R. or street: City, state, zip code: <u>Hamego, Ks 66547</u>		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>32</u> in. Completion date <u>5-4-77</u> Well depth <u>295</u> ft.		
5. Type and color of material				7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
From To				9. Casing: Material <u>AC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>34</u> lbs./ft. Dia. <u>16</u> in. to <u>295</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>295</u> ft. depth gage No. <u>3/4</u>		
				10. Screen: Manufacturer's name <u>Johnson Concrete</u> Type <u>triang</u> Dia. <u>16</u> Slot/gauge <u>1/8</u> Length <u>13</u> Set between <u>18 1/2</u> ft. and <u>29 1/2</u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/8-1/4</u>		
Top soil + clay sand good coarse gravel shale				11. Static water level: <u>4</u> ft. below land surface Date <u>10-14-76</u> mo./day/yr.		
				12. Pumping level below land surfaces: <u>28</u> ft. after <u>1</u> hrs. pumping <u>450</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>450</u> g.p.m.		
				13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <u>NO</u> note With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From ____ ft. to ____ ft.		
				16. Nearest source of possible contamination: <u>drain ditch</u> ft. <u>20</u> Direction <u>S</u> Type ____ Well disinfected upon completion? ____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
				17. Pump: Not installed Manufacturer's name <u>WLR</u> Model number <u>6M</u> HP <u>5</u> Volts <u>230</u> Length of drop pipe <u>28</u> ft. capacity <u>450</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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: <u>979'</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: <u>grouting was impossible because of high water level - clay fill from 4' to ground level</u>		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. <u>Earl Gresham</u> <u>258</u> Business name License No. Address <u>Clifton, Kansas</u> Signed <u>Francis Cox</u> Date <u>10-14-76</u> Authorized representative		

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

Form WWC-5