

Chapel Jd R

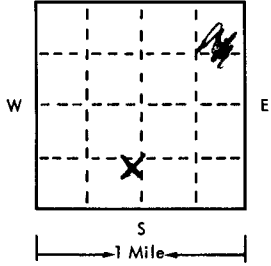
T R EW sec 1/4 1/4 1/4 No. NE

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

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

NE SE SW CDA

1 Location of well:	County <u>WABUNSEE</u>	Township name <u>WABUNSEE</u>	Fraction <u>NE 1/4</u>	Section number <u>28</u>	Town number <u>10</u>	Range number <u>10 E</u>
Distance and direction from nearest town or city: <u>3 1/4 mi. South of Wamego KS</u>			3 Owner of well: <u>TOM FOLTZ</u> Address: <u>Wamego KS</u>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well Depth: <u>70</u> ft. Date of completion <u>4/15-75</u> Well diameter <u>8</u> in.
2 Type and color of material			From		To	
			<u>Red clay</u>		<u>0</u>	<u>18</u>
			<u>Sand (Fine)</u>		<u>28</u>	<u>65</u>
			<u>Gravel + Water</u>		<u>65</u>	<u>69</u>
			<u>Lime Rock</u>		<u>69</u>	<u>90</u>
			5 <input checked="" 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 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			
			7 Casing: Material <u>Steel</u> Height: above/below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <u>15</u> in. Diam. <u>6 1/2" inside</u> Weight <u>20</u> lbs./ft. in. to _____ ft. depth Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>7" O.D.</u> in. to <u>70</u> ft. depth			
			8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauge <u>80</u> Length _____ Set between <u>65</u> ft. and <u>69</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/2" x 1/4"</u>			
			9 Static water level: <u>30</u> ft. below land surface Date <u>4/15-1975</u>			
			10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m. <u>Boiler test</u>			
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
			12 Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade <u>N/A</u>			
			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>25</u> ft. to <u>14</u> ft.			
			14 Nearest source of possible contamination: ft. <u>150</u> Direction <u>South</u> Type <u>lateral</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>1020</u> Topography: <u>3</u> <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</u> Business name _____ License No. <u>237</u> Address <u>Blue Rapids KS</u> Signed <u>Harold Strader</u> Date <u>4/15</u> Authorized representative			

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

Form WWC-5

BR = 951
D = 970