

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

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

WATER WELL RECORD  
KSA 82a-1201-1215

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

SE SIESW

CDD

1 Location of well:	County <b>WABAUNSEE</b>	Township name	Fraction <b>SUB 1/4 SW 1/4</b>	Section number <b># 30</b>	Town number <b>10</b>	Range number <b># 10</b>
Distance and direction from nearest town or city: <b>3 1/2 - 2 1/2 W</b> Street address of well location if in city: <b>in Wabaunsee wamego</b>			3 Owner of well: <b>Wamego Plumbing</b> Address: <b>Steve Standiford Wabaunsee</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>75</b> ft. Date of completion: <b>7-26-75</b> Well diameter <b>10</b> in.		
				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		
2 Type and color of material		From	To	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"/>		
<b>Top Soil</b>		<b>0</b>	<b>6</b>	7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. Diam. <b>0</b> in. to <b>75</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>0</b> in. to <b>75</b> ft. depth		
<b>Brown Clay</b>		<b>6</b>	<b>40</b>	8 Screen: Manufacturer <b>Pump Co</b> Type <b>PVC</b> Dia. <b>5"</b> Slot <b>1.025</b> Length <b>10</b> Set between <b>51</b> ft. and <b>61</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>#3</b>		
<b>COARSE SAND</b>		<b>40</b>	<b>47</b>	9 Static water level: <b>NOT MEASURED</b> NOTE <b>39</b> ft. below land surface Date <b>7-26-75</b>		
<b>COARSE GRAVEL</b>		<b>47</b>	<b>62</b>	10 Pumping level below land surfaces: <b>AIR TEST</b> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>30</b> g.p.m.		
<b>Blue Shale</b>		<b>62</b>	<b>75</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <b>Capped</b> <input type="checkbox"/> Pitless adapter <b>24</b> <input checked="" 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 <b>0</b> ft. to <b>10</b> ft.		
				14 Nearest source of possible contamination: ft. <b>100</b> Direction <b>W</b> Type <b>S. Tank</b> 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 <b>1032' Owned to install 51/6</b>				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. <b>Strader Drilling Co Inc 182</b> Business name _____ License No. _____ Address <b>RFD 1 Holton Ks</b> Signed <b>Rale Cashner</b> Date <b>7-30-75</b> Authorized representative		

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

Form WWC-5

BR = 970  
Σ = 993