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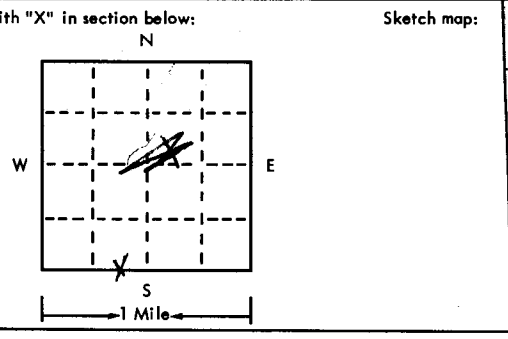
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

CDD SE S E SW

1 Location of well:	County <u>Wabaunsee</u>	Township name <u>Kaw</u>	Fraction <u>NW 1/4 - N 1/4</u>	Section number <u>21</u>	Town number <u>10</u>	Range number <u>12</u>
Distance and direction from nearest town or city:			3 Owner of well: <u>KAW Dehydrating Co Inc</u>			
Street address of well location if in city:			Address: <u>Rossville, KS</u>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>67</u> ft. Date of completion <u>5-27-75</u> Well diameter <u>22</u> 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		
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <u>Steel</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. Diam. <u>16</u> " Weight <u>24.2</u> lbs./ft. <u>0</u> in. to <u>51</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth		
2 Type and color of material				From	To	8 Screen:
<u>Top Soil</u>				<u>0</u>	<u>5</u>	Manufacturer <u>DOERR</u>
<u>Brown Clay</u>				<u>5</u>	<u>21</u>	Type <u>Steel</u> Dia. <u>16"</u>
<u>Coarse Sand - medium Gravel</u>				<u>21</u>	<u>37</u>	Slot/ <u>.080</u> Length <u>16'</u>
<u>Blue Clay</u>				<u>37</u>	<u>42</u>	Set between <u>51</u> ft. and <u>67</u> ft.
<u>Coarse Sand - medium Gravel</u>				<u>42</u>	<u>55</u>	Fittings:
<u>Coarse Sand - medium Gravel to casing</u>				<u>55</u>	<u>67</u>	Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/2" X 1/8"</u>
<u>Blue Shale</u>				<u>67</u>	<u>70</u>	9 Static water level: <u>27</u> ft. below land surface Date <u>5-27-75</u>
						10 Pumping level below land surfaces: <u>27.6</u> ft. after <u>4</u> hrs. pumping <u>855</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>1000</u> g.p.m.
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>
						12 Well head completion: <u>Capped</u> <input type="checkbox"/> Pitless adapter <u>18</u> <input checked="" type="checkbox"/> Inches above grade
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> <u> </u> Depth: From <u>0</u> ft. to <u>15</u> ft.
						14 Nearest source of possible contamination: <u>N. A.</u> ft. <u> </u> Direction <u> </u> Type <u> </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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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>938</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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>STADER Drilling Co Inc 182</u> Business name License No. <u> </u> Address <u>21 Holton, Kans. 66436</u> Signed <u>Dale Haskin</u> Date <u>5-29-75</u> Authorized representative		

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

Form WWC-5

BR = 76
D = 112