219

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

WATER WELL RECORD
KSA 82a-1201-1215

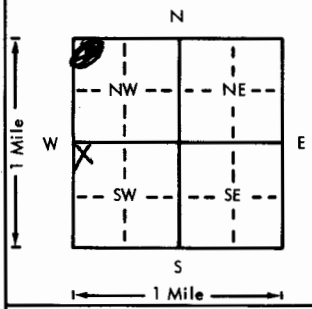
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Leavenworth	Fraction: NW1/4 NW1/4 SW	Section number: 3	Township number: T 10 S	Range number: R 21 E W

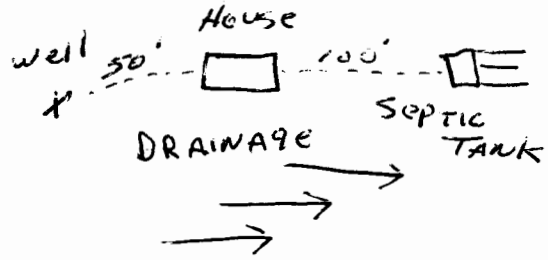
2. Distance and direction from nearest town or city: .5 N
Street address of well location if in city: of Jarbolo

3. Owner of well: George Stieglemeir
R.R. or street:
City, state, zip code: RRI Leavenworth, Ks.

4. Locate with "X" in section below:



Sketch map:



5. Type and color of material	From	To
Top Soil	0	5
Brown Clay	5	25
Course Sand + gravel	25	30
Grey Shale	30	100

(Use a second sheet if needed)

6. Bore hole dia. 10 in. Completion date
Well depth 100 ft. 2-13-76

7. __ Cable tool ✓ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: ✓ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above or below
Threaded ___ Welded ___ Surface 24 in.
RMP ___ PVC GL Weight 2.58 lbs./ft.
Dia. 5 in. to 100 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1258

10. Screen: Manufacturer's name
PUMPCO
Type PVC Dia. 5"
Slot/gauze .030 Length 20'
Set between 20 ft. and 40 ft.
___ ft. and ___ ft.
Gravel pack? ✓ Size range of material .030 - .050

11. Static water level: mo./day/yr.
25 ft. below land surface Date 2-13-76

12. Pumping level below land surfaces: AIR TEST
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 3 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes ✓ No Date

14. Well head completion: Capped
___ Pitless adapter 24" Inches above grade

15. Well grouted? ✓
With: ✓ Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 150 Direction E Type Septic Tank
Well disinfected upon completion? ✓ Yes ___ No

17. Pump: ✓ Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation: 900
Topography:
✓ Hill
___ Slope
___ Upland
___ 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 Drlg Co Inc 182
Business name License No.
Address RT 1 Holton, KS
Signed Dale Anderson Date 2-14-76
Authorized representative

T 10 R 21 W — Sec 3 — 1/4 NW 1/4 NW 1/4 NW 1/4

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

Form WWC-5

BR elev = 870 ▽ = 875

MI-1023