69

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

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Pottawatomie	ST. George	~~NW 1/2 NE 1/4~~	~~10~~ 2	10	~~9~~ 9E

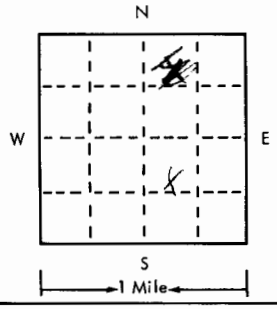
Distance and direction from nearest town or city: 1 1/2 N. W

Street address of well location if in city: ST. Geo. KS.

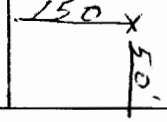
3 Owner of well: ~~Elbert~~ Spain

Address: RT 1 ST. Geo., Kansas

Locate with "X" in section below:



Sketch map:



4 Well depth: 160 ft. Date of completion 8-6-78
Well diameter 8 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐

7 Casing: Material PVC Height: above/~~below~~
Threaded ☐ Welded ☐ Surface 24 in.
Diam. Weight 2.33 lbs./ft.
5 in. to 160 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2

Type and color of material	From	To
Fine sand	0	11
yellow clay	11	26
Grey shale	26	59
yellow Limestone	59	61
Grey Shale	61	85
Shaley Grey Sandstone	85	97
Grey Shale	97	108
Grey Sandstone	108	120
Grey Shale	120	145
Grey Limestone	145	153
Grey Shale	153	160
(use a second sheet if needed)		

8 Screen:
Manufacturer Pumpco
Type PVC Dia. 5"
Slot/~~[illegible]~~ .050 Length 10
Set between 150 ft. and 160 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4x1/8

9 Static water level: NOT MEASURED
___ ft. below land surface Date ___

10 Pumping level below land surfaces: AIR TEST
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 2 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion: CAPPED
☐ Pitless adapter 24 ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐
Depth: From 0 ft. to 40 ft.

14 Nearest source of possible contamination:
ft. 95 Direction NE Type S. Tank
Well disinfected upon completion? ☒ Yes ☐ No

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

16 Remarks: elevation

C2

Topography:
☐ Hill
☒ Slope
☐ Upland
☐ 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.
Strader Drilling Co. Inc 182
Business name License No.
Address RFD 1 Holton, Kansas
Signed Dale Clarkson Date 8-12-78
Authorized representative

10 9E 10 SPAIN

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

Form WWC-5

677-H