67

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

NE NW SW

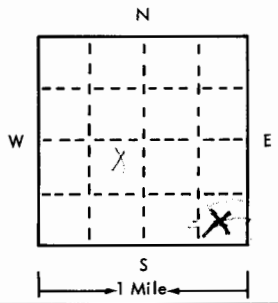
1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Pottawatomie	ST. George	~~SE~~ FRACT	11	10	9E

Distance and direction from nearest town or city:

Street address of well location if in city:

3 Owner of well: Milton Toy
RR1 Box 127C
Address: Wamego, Kansas

Locate with "X" in section below: Sketch map:



4 Well depth: 110 ft. Date of completion 8-22-75
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 110 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Top Soil	0	3
Yellow Clay	3	20
Blue Shale	20	65
Grey Sandstone	65	73
Grey Limestone	73	80
Blue Shale	80	110
(use a second sheet if needed)		

8 Screen:
Manufacturer Pumpco
Type PVC Dia. 5
Slot/~~gauge~~ .080 Length 20'
Set between 60 ft. and 80 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4 x 1/8

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 40 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 10 ft.

14 Nearest source of possible contamination:
ft. 100 Direction N. W. 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
☐ Centrifugal ☐ Other

16 Remarks: elevation
1122

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 Rahsen Date 8-30-75
Authorized representative

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

Form WWC-5

10 9E to SWSESE