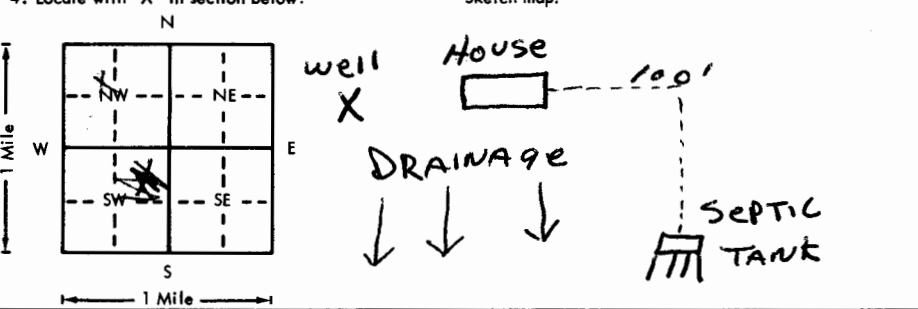


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <u>POTATOMIE</u> | | Fraction <u>SE 1/4 NW 1/4</u> <u>NE 1/4 NE 1/4 SW 1/4</u> | Section number <u>8</u> | Township number T <u>10</u> S R <u>9</u> <u>EW</u> | Range number |
| 2. Distance and direction from nearest town or city: <u>6 E</u> Street address of well location if in city: <u>MANHATTAN</u> | | | 3. Owner of well: <u>VIC CLAYS</u> R.R. or street: City, state, zip code: <u>MANHATTAN</u> | | |
| 4. Locate with "X" in section below: Sketch map:  | | 6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>70</u> ft. <u>12-5-75</u> | | | |
| 5. Type and color of material | | From | To | 7. <input checked="" 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 | |
| <u>TOP SOIL</u> | | <u>0</u> | <u>6</u> | 8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | |
| <u>FINE SAND</u> | | <u>6</u> | <u>30</u> | 9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <u>PVC 9L</u> Weight <u>2.33</u> lbs./ft. Dia. <u>5</u> in. to <u>70</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>214</u> | |
| <u>COURSE SAND</u> | | <u>30</u> | <u>50</u> | 10. Screen: Manufacturer's name _____ <u>PUMPCO</u> Type <u>PVC</u> Dia. <u>5</u> <input checked="" type="checkbox"/> Slot gauze <u>80</u> Length <u>20</u> Set between <u>50</u> ft. and <u>70</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>30-40</u> | |
| <u>COURSE SAND - GRAVEL</u> | | <u>50</u> | <u>65</u> | 11. Static water level: _____ mo./day/yr. <u>50</u> ft. below land surface Date <u>12-5-75</u> | |
| <u>Blue shale</u> | | <u>65</u> | <u>70</u> | 12. Pumping level below land surfaces: <u>AIR TEST</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m. | |
| | | | | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | |
| | | | | 14. Well head completion: <u>CAPPED</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade | |
| | | | | 15. Well grouted? <u>YES</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft. | |
| | | | | 16. Nearest source of possible contamination: <u>SEPTIC TANK</u> ft. <u>150</u> Direction <u>SE</u> Type <u>150 TANK</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | 17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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 | |
| 18. Elevation: <u>1080</u> | | 19. Remarks: <u>will install slab</u> <u>Victor Clays</u> | | 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. <u>Strader Drng. Co Inc 182</u> Business name _____ License No. _____ Address <u>RT 1 Malton, Ks</u> Signed <u>Dale Ashron</u> Date <u>2-6-77</u> Authorized representative | |

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

Form WWC-5