

2a

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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>WABASH</u>	Township name <u>WABASH</u>	Fraction <u>SE 1/4</u>	Section number <u>36 22</u>	Town number <u>10</u>	Range number <u>9 E</u>
Distance and direction from nearest town or city:				3 Owner of well: <u>Harold MERTZ</u>		
Street address of well location if in city:				Address: <u>RR 3 MANHATTAN, KS.</u>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>29</u> ft. Date of completion <u>4-1-75</u> Well diameter <u>8</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		
2 Type and color of material		From To		6 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"/> Commercial <input type="checkbox"/> Test well		
<u>Top Soil</u>		<u>0 6</u>		7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>5</u> in. Diam. <u>5</u> in. to <u>29</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<u>Yellow Clay</u>		<u>6 22</u>		8 Screen: <u>Pumped</u> Type <u>PVC</u> Dia. <u>5</u> in. Slot <u>1.025</u> Length <u>8</u> ft. Set between <u>21</u> ft. and <u>29</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#3</u>		
<u>Coarse Sand</u>		<u>22 29</u>		9 Static water level: <u>22</u> ft. below land surface Date <u>4-1-75</u>		
				10 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>10</u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
				12 Well head completion: <u>Capped</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>5</u> ft. to <u>10</u> ft.		
				14 Nearest source of possible contamination: ft. <u>200</u> Direction <u>EAST</u> Type <u>S-T</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 _____ 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		
16 Remarks: elevation <u>987</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		(use a second sheet if needed)		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>Strader Drilling Co Inc. #182</u> Business name _____ License No. _____ Address <u>81-75N Holton KANS</u> Signed <u>Bole Holton</u> Date <u>4-5-75</u> Authorized representative		

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

Form WWC-5