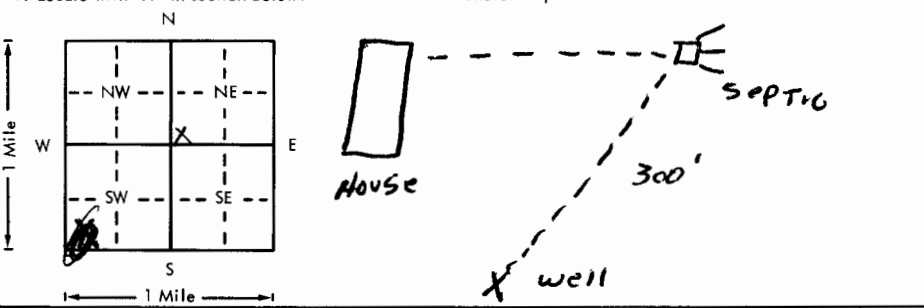


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

ACC

1. Location of well: County: <u>Wabaunsee</u>		Fraction: <u>SW SW NE</u> SW 1/4 SW 1/4 SW 1/4		Section number: <u>35</u>		Township number: T <u>11</u> S <u>7</u>		Range number: R <u>10</u> E <u>W</u>	
2. Distance and direction from nearest town or city: <u>1.7 W OF</u> Street address of well location if in city: <u>McFarland</u>				3. Owner of well: <u>JOHN HUCK</u> R.R. or street: City, state, zip code: <u>RR II ALMA, KS 66401</u>					
4. Locate with "X" in section below: 				6. Bore hole dia. <u>8</u> in. Completion date <u>10-6-78</u> Well depth <u>100</u> ft.					
5. Type and color of material				From		To		7. <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	
<u>TOP SOIL</u>				<u>0</u>		<u>4</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>CLAY, BROWN</u>				<u>4</u>		<u>20</u>		9. Casing: Material <u>PVC</u> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>29</u> in. RMP <u>PVC 9L</u> Weight <u>2,500</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>1279</u>	
<u>Shale, grey</u>				<u>20</u>		<u>58</u>		10. Screen: Manufacturer's name <u>PUMPSO MPF</u> Type <u>PVC</u> Dia. <u>5</u> <input checked="" type="checkbox"/> Slow gauge <u>.020</u> Length <u>40</u> Set between <u>40</u> ft. and <u>80</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>#30X.060</u>	
<u>Limestone, yellow</u>				<u>58</u>		<u>60</u>		11. Static water level: <u>60</u> mo./day/yr. <u>60</u> ft. below land surface Date <u>9-6-78</u>	
<u>Shale, grey, Limestone, grey</u>				<u>60</u>		<u>100</u>		12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>2</u> g.p.m.	
								13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>	
								14. Well head completion: <u>CAP</u> <u> </u> Pitless adapter <u>29</u> inches above grade	
								15. Well grouted? <input checked="" type="checkbox"/> 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: ft. <u>300</u> Direction <u>NE</u> Type <u>SEPTIC</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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	
(Use a second sheet if needed)									
18. Elevation: <u>1100</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>OWNED TO INSTALL SLAB</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>STRAIDER DAUG CO</u> <u>192</u> Business name License No. Address <u>RR I HOLTON KS</u> Signed <u>Dale Ashum</u> Date <u>10-9-78</u> Authorized representative					

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

Form WWC-5

BR = 1080 $\nabla = 1040$

T 11 100 W E 35 SW SW SW W Sec R