

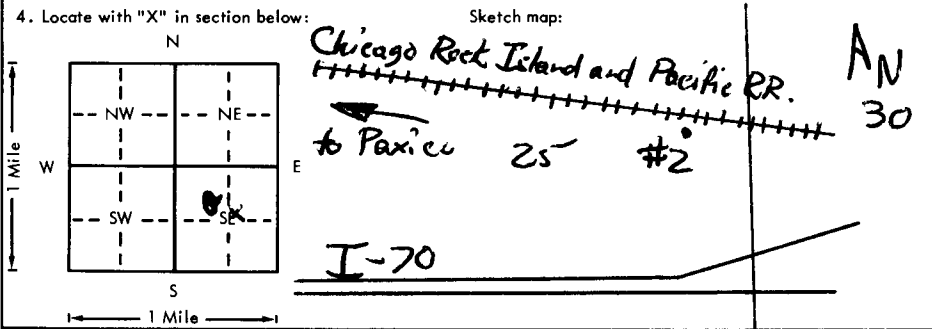
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

DAC

not installed

1. Location of well: County <u>Wabaunsee</u> Fraction <u>SW 1/4 NE 1/4 SE 1/4</u> Section number <u>25</u> Township number <u>T 11 S</u> Range number <u>R 11 E</u>	
2. Distance and direction from nearest town or city: <u>1 1/4 mi East of Paxico, Ks.</u> 3. Owner of well: <u>Highway Oil Co.</u> Street address of well location if in city: <u>1200 First National Bank Tower</u> City, state, zip code: <u>Topeka, Ks. 66603</u>	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. <u>18</u> in. Completion date <u>5-7-80</u> Well depth <u>50</u> ft.	
7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary	
8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>Steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>20.6</u> lbs./ft. Dia. <u>8"</u> in. to <u>52</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <u>0.322</u>	
10. Screen: Manufacturer's name <u>Johnson</u> <u>Stainless Steel</u> Type <u>Wingwound</u> Dia. <u>8"</u> Slot/gouze <u>200</u> Length <u>7'</u> Set between <u>37</u> ft. and <u>44</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2" x 1/4"</u>	
11. Static water level: <u>28.2</u> ft. below land surface Date <u>5-7-80</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>31.4</u> ft. after <u>10</u> hrs. pumping <u>169</u> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>125</u> g.p.m.	
13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>5/8/80</u> mo./day/yr.	
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>30</u> Inches above grade	
<input checked="" type="checkbox"/> Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>18</u> ft. to <u>20</u> ft.	
16. Nearest source of possible contamination: ft. <u>1000</u> Direction <u>West</u> Type <u>River</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Jacuzzi</u> Model number <u>SG2112A</u> HP <u>15</u> Volts <u>460</u> Length of drop pipe <u>32</u> ft. capacity <u>100</u> g.p.m. Type: <input checked="" 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>980</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <u>WELL #2</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>Layne - Western</u> <u>199</u> Business name License No. Address <u>1010 W. 39th St. Topeka, MO</u> Signed <u>Dan P. Prigg</u> Date <u>6/6/80</u> Authorized representative	

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

Form WWC-5

T 11 S R 11 E Sec 25