12

Yd R

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

WATER WELL RECORD
KSA 82a-1201-1215

CDC

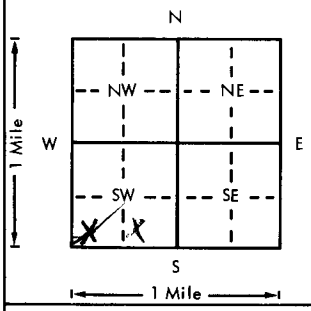
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	WABAUNSee	SW 1/4 ~~SW~~ SE 1/4 SW 1/4	24	T 11 S	R 12 (E) W

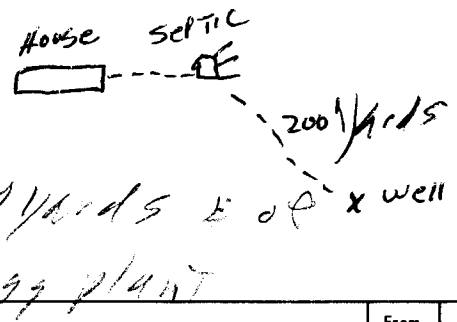
2. Distance and direction from nearest town or city: .5 SW
Street address of well location if in city: OF MAPLE HILL

3. Owner of well: MCNALLY ENTERPRISES Eggs
R.R. or street:
City, state, zip code: MAPLE HILL

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 12 in. Completion date _____
Well depth 48 ft. 4-20-77

7. __ Cable tool ✓ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: ✓ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: (Above) or below
Threaded ___ Welded ___ Surface 29 in.
RMP ___ PVC 9L Weight 6.58 lbs./ft.
Dia. 8 in. to 48 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 5.65

5. Type and color of material	From	To
TOP SOIL	0	4
Clay, BRown	4	38
Course Sand - Pea gRAVEL	38	47
Shale, gRey	47	55

(Use a second sheet if needed)

10. Screen: Manufacturer's name DaeRR
Type STAINless Dia. 8"
(Slot)/gauze .060 Length 8'
Set between 41 ft. and 48 ft.
___ ft. and ___ ft.
Gravel pack? ✓ Size range of material 1/4 x 1/8

11. Static water level: mo./day/yr.
38 ft. below land surface Date 4-20-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 30 g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ___ No Date 4-20-77

14. Well head completion: CAP
___ Pitless adapter 24 Inches above grade

15. Well grouted? ✓
With: ✓ Neat cement ___ Bentonite ___ Concrete
Depth: From 5 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. 200 Direction NW Type SEPTIC
Well disinfected upon completion? ✓ Yes ___ No

17. Pump: ✓ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

T 11 R 12 W Sec 24 SW 1/4 SW 1/4 SW 1/4 Sec

18. Elevation: 945
Topography:
___ Hill
___ Slope
___ Upland
✓ Valley

19. Remarks: owner will instal slab

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.
STRADER Drlg Co Inc 182
Business name License No.
Address RTI HOLTON, KS
Signed Dale Graham Date 4-20-77
Authorized representative

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

Form WWC-5

BR = 898 ▽ = 907

MI-1023