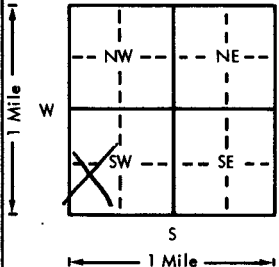
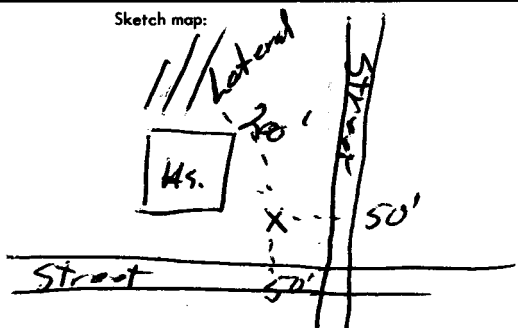


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

CCC

1. Location of well: County <u>Jefferson</u>		Fraction <u>SW SW SW</u> <u>1/4 SW 1/4 SW 1/4</u>	Section number <u>29</u>	Township number <u>T 11</u>	Range number <u>S R 19</u>	<u>EW</u>
2. Distance and direction from nearest town or city: <u>Williamstown</u> Street address of well location if in city: <u>No Street Address</u>			3. Owner of well: <u>Norman Plunket</u> R.R. or street: City, state, zip code: <u>Williamstown, Ks.</u>			
4. Locate with "X" in section below: 		Sketch map: 		6. Bore hole dia. <u>8</u> in. Completion date <u>1-7-77</u> Well depth <u>60</u> ft.		
5. Type and color of material		From	To	7. 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>Sandy Top Soil</u>		<u>0</u>	<u>17</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>Gray Clay</u>		<u>17</u>	<u>20</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</u> Weight <u>2.9</u> lbs./ft. Dia <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>60</u> ft. depth gage No. <u>2.9</u>		
<u>Gray Silt</u>		<u>20</u>	<u>23</u>	10. Screen: Manufacturer's name <u>Pumpeo</u> Type <u>PVC</u> Dia. <u>5</u> in. Slot/gauze <u>0.020</u> Length <u>10</u> ft. Set between <u>50</u> ft. and <u>60</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>0.020-0.060</u>		
<u>Gray Silty Clay</u>		<u>23</u>	<u>36</u>	11. Static water level: <u>30</u> ft. below land surface Date <u>1-7-77</u>		
<u>Gray Clay</u>		<u>36</u>	<u>40</u>	12. Pumping level below land surfaces: <u>Air Test</u> <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> Estimated maximum yield <u>60</u> g.p.m.		
<u>Gray Coarse Sand</u>		<u>40</u>	<u>45</u>	13. Water sample submitted: <u>mo./day/yr.</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date		
<u>Brown Gorse to Pea Gravel</u>		<u>45</u>	<u>60</u>	14. Well head completion: <u>Capped</u> <u>Pitless adapter</u> <u>24</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>5</u> ft. to <u>15</u> ft.		
				16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>NW</u> Type <u>lateral</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 <u>HP</u> Volts Length of drop pipe <u>ft.</u> capacity <u>g.p.m.</u> 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>850</u> Topography: <u>Valley</u>		19. Remarks: <u>Owner will Pour Slab around well</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>Steadie Delg Co Inc</u> License No. <u>182</u> Business name Address <u>RT 1 Holton, KS</u> Signed <u>Dale Robson</u> Date <u>1-10-77</u> Authorized representative		

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

Form WWC-5

BR < 790

D = 8210