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

WATER WELL RECORD
KSA 82a-1201-1215

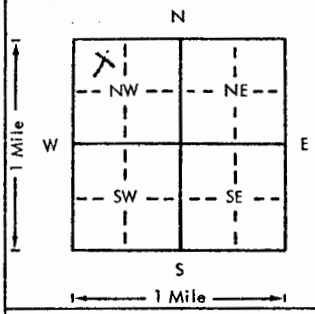
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Leavenworth	NW 1/4 NW 1/4 NW 1/4	24	T 11 (S)	R 20 (E/W)

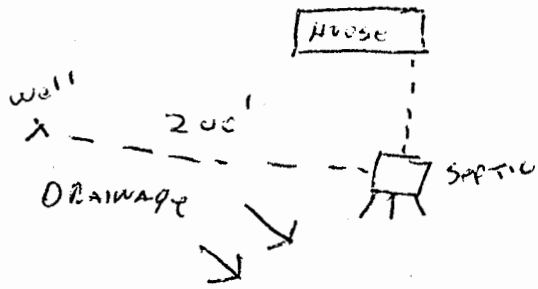
2. Distance and direction from nearest town or city: 1.5 W 1.5 S
Street address of well location if in city: of Tonganoxie

3. Owner of well: Reed Hoppis
R.R. or street:
City, state, zip code: Tonganoxie, Kansas

4. Locate with "X" in section below:



Sketch map:



5. Type and color of material	From	To
Top Soil	0	3
Clay, Brown, Blue	3	38
Chert, gravel	38	41
Clay, Blue	41	48
Shale, gray	48	90
Limestone, gray	90	100

(Use a second sheet if needed)

6. Bore hole dia. 16 in. Completion date _____
Well depth 100 ft. 1-28-78

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 24 in.
RMP ____ PVC SL Weight 2.53 lbs./ft.
Dia. 5 in. to 100 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 1274

10. Screen: Manufacturer's name
MPI, Pomco
Type PVC Dia. 5
(Slot) gauze 020 Length 20
Set between 35 ft. and 55 ft.
____ ft. and ____ ft.
Gravel pack? ✓ Size range of material 030/060

11. Static water level: mo./day/yr.
35 ft. below land surface Date 1-28-77

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 5 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes ✓ No Date

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 E 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

18. Elevation: 1695
Topography:
__ Hill
__ Slope
__ Upland
✓ Valley

19. Remarks:
Owner to install 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 RR 1 Holton, Ks
Signed Dale Cochran Date 2-7-78
Authorized representative

T ___ R ___ W ___ Sec ___ 1/4 1/4 1/4

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

Form WWC-5

R = 47 T = 860