

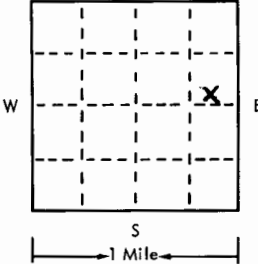
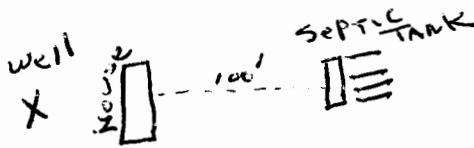
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

SW

1 Location of well: County: <u>Leavenworth</u>		Township name: <u>SE 1/4 SE 1/4 NE 1/4</u>	Fraction: <u>11</u>	Section number: <u>11</u>	Town number: <u>11</u>	Range number: <u>21</u>
Distance and direction from nearest town or city: <u>2 E - 1/4 S</u>			3 Owner of well: <u>Philip Lobb</u>			
Street address of well location if in city: <u>Tonganoxie</u>			Address: <u>Tonganoxie, KS.</u>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: 			4 Well depth: <u>125</u> ft. Date of completion <u>9-5-75</u> Well diameter <u>8</u> in.
			5 <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			6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>
			7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Diam. <u>5</u> in. Weight <u>2.33</u> lbs./ft. <u>5</u> in. to <u>125</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			8 Screen: Manufacturer <u>Pump Co</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauge <u>.080</u> Length <u>20</u> Set between <u>100</u> ft. and <u>120</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>KX</u>
2 Type and color of material			From	To	9 Static water level: <u>NOT MEASURED</u> <u>87</u> ft. below land surface Date <u>9-5-75</u> <u>MNC</u>	
<u>Top Soil</u>			<u>0</u>	<u>5</u>	10 Pumping level below land surfaces: <u>AIR TEST</u> ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
<u>Brown Clay</u>			<u>5</u>	<u>15</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___	
<u>Blue Shale</u>			<u>15</u>	<u>40</u>	12 Well head completion: <u>capped</u> <input type="checkbox"/> Pitless adapter <u>24</u> <input checked="" type="checkbox"/> Inches above grade	
<u>Grey Limestone</u>			<u>40</u>	<u>46</u>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.	
<u>Grey Shale</u>			<u>46</u>	<u>80</u>	14 Nearest source of possible contamination: ft. <u>150</u> Direction <u>E</u> Type <u>S. Tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>White Sandstone</u>			<u>80</u>	<u>115</u>	15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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	
<u>Grey Limestone</u>			<u>115</u>	<u>122</u>	17 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>Straden Dalg Co Inc 182</u> Business name License No. Address <u>REDI Holton KS</u> Signed <u>Dab Rubin</u> Date <u>9-5-75</u> Authorized representative	
<u>Grey Shale</u>			<u>122</u>	<u>127</u>		
(use a second sheet if needed)						
16 Remarks: elevation <u>890'</u> well slab by owner Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

BRT
11 21E 11 SE SE NE

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-

BR elev: 875