

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: <u>Leavenworth</u>	Fraction: <u>SW 1/4 NW 1/4 NW 1/4</u>	Section number: <u>12</u>	Township number: T <u>11</u> S	Range number: R <u>21</u> EW																																				
2. Distance and direction from nearest town or city: <u>2 1/2 E 1/4 S</u>	3. Owner of well: <u>C.W. Ridgeway</u>		R.R. or street: <u>RR #3</u>																																						
Street address of well location if in city: <u>Tonganoxie</u>		City, state, zip code: <u>Tonganoxie, Ks.</u>																																							
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Sketch map:</p> </div> <div> <p>Imp Barn</p> </div> </div>			6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>120</u> ft. <u>6-30-77</u>																																						
5. Type and color of material			7. <input checked="" 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																																						
			8. Use: <input 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr><td><u>Top Soil</u></td><td><u>0</u></td><td><u>1</u></td></tr> <tr><td><u>Brown Clay</u></td><td><u>1</u></td><td><u>3</u></td></tr> <tr><td><u>Brown sandstone</u></td><td><u>3</u></td><td><u>4</u></td></tr> <tr><td><u>Brown Silty Shaly Sandstone</u></td><td><u>4</u></td><td><u>21</u></td></tr> <tr><td><u>Gray Shale</u></td><td><u>21</u></td><td><u>32</u></td></tr> <tr><td><u>Gray Shaly Sandstone</u></td><td><u>32</u></td><td><u>60</u></td></tr> <tr><td><u>Gray Sandstone Shaley</u></td><td><u>60</u></td><td><u>90</u></td></tr> <tr><td><u>Light Gray Sandstone</u></td><td><u>90</u></td><td><u>105</u></td></tr> <tr><td><u>White Sandstone</u></td><td><u>105</u></td><td><u>112</u></td></tr> <tr><td><u>Black Shale</u></td><td><u>112</u></td><td><u>117</u></td></tr> <tr><td><u>Gray Limestone</u></td><td><u>117</u></td><td><u>120</u></td></tr> </tbody> </table>				From	To	<u>Top Soil</u>	<u>0</u>	<u>1</u>	<u>Brown Clay</u>	<u>1</u>	<u>3</u>	<u>Brown sandstone</u>	<u>3</u>	<u>4</u>	<u>Brown Silty Shaly Sandstone</u>	<u>4</u>	<u>21</u>	<u>Gray Shale</u>	<u>21</u>	<u>32</u>	<u>Gray Shaly Sandstone</u>	<u>32</u>	<u>60</u>	<u>Gray Sandstone Shaley</u>	<u>60</u>	<u>90</u>	<u>Light Gray Sandstone</u>	<u>90</u>	<u>105</u>	<u>White Sandstone</u>	<u>105</u>	<u>112</u>	<u>Black Shale</u>	<u>112</u>	<u>117</u>	<u>Gray Limestone</u>	<u>117</u>	<u>120</u>	9. Casing: Material <u>PVC</u> Height: (Above or below) _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>274</u> lbs./ft. Dia. <u>5</u> in. to <u>120</u> ft. depth Wall thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>255-258</u>		
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			10. Screen: Manufacturer's name <u>MPI</u> Type <u>170</u> Dia. <u>5</u> " Slot/gauze <u>0.80</u> Length <u>20</u> Set between <u>100</u> ft. and <u>120</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 x 1/4</u>																																						
			11. Static water level: _____ mo./day/yr. <u>45</u> ft. below land surface Date <u>6-30-77</u>																																						
			12. Pumping level below land surfaces: <u>1 1/2 test</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>25</u> g.p.m.																																						
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																																						
			14. Well head completion: <u>Top Cap</u> <input type="checkbox"/> Pitless adapter <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>0</u> ft. to <u>10</u> ft.																																						
			16. Nearest source of possible contamination: _____ ft. <u>100</u> Direction <u>SE</u> Type <u>Laterals</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 _____ 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																																						
18. Elevation: <u>890</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>STADLER Dalg Co Inc 182</u> Business name _____ License No. _____ Address <u>Holtan, Ks</u> Signed <u>Dale Astum</u> Date <u>7-1-77</u> Authorized representative																																						
19. Remarks: <u>Owner will pour slab</u> <u>906 from map</u> <u>run</u>																																									

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

Form WWC-5

LL 210 12 SW 1/4 NW 1/4
 Sec 12

ER 100 287 286