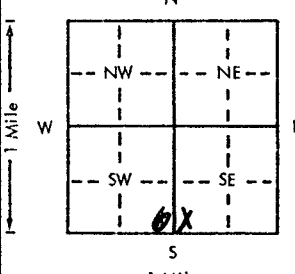


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USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SW 1/4 SE 1/4</u>	Section number <u>4</u>	Township number <u>T 11 S</u>	Range number <u>R 21 E/W</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:	<u>across highway</u> <u>no north side</u> <u>Tonganoxie</u>		3. Owner of well: <u>Mr. Charles Adcox</u> R.R. or street: <u>RR 2</u> City, state, zip code: <u>Tonganoxie</u>		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile	Sketch map: 		6. Bore hole dia. _____ in. Completion date <u>12-25-77</u> Well depth <u>50</u> ft.		
5. Type and color of material			From	To	7. <input checked="" type="checkbox"/> Cable tool _____ Rotary _____ Driven _____ Dug _____ _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary
					8. Use: <input checked="" type="checkbox"/> Domestic _____ Public supply _____ Industry _____ _____ Irrigation _____ Air conditioning _____ Stock _____ _____ Lawn _____ Oil field water _____ Other _____
					9. Casing: Material <u>steel</u> Height: Above or below Threaded <input checked="" type="checkbox"/> Welded _____ Surface <u>3/4</u> in. RMP _____ PVC _____ Weight <u>13</u> lbs./ft. Dia. <u>4 1/2</u> in. to <u>4 1/2</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____
					10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____
					11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>12-25-77</u>
(Use a second sheet if needed)					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>5</u> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>13</u> ft. to <u>3</u> ft.
					16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>NE</u> Type <u>apt.</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____
(Use a second sheet if needed)					17. Pump: _____ Not installed Manufacturer's name <u>Corrosion</u> Model number _____ HP <u>1/4</u> Volts <u>220</u> Length of drop pipe <u>41</u> ft. capacity <u>5</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ _____ Jet _____ Reciprocating _____ _____ Centrifugal _____ Other _____
					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>212</u> Business name _____ License No. _____ Address <u>Kenneth Schief RR 3</u> Signed <u>Kenneth Schief</u> Date <u>1-24-78</u> Authorized representative
18. Elevation: <u>863</u> Topography: ____ Hill ____ Slope ____ Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <u>owner to take core of top of well.</u>				

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

Form WWC-5

BR elev < 813
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