

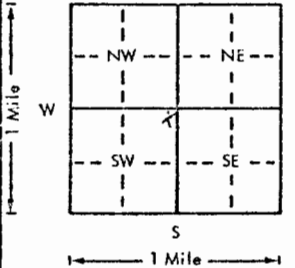
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USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY. PRINT CLEARLY.

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 <b>Leavenworth</b>	Fraction <b>NE 1/4 NE 1/4 SW 1/4</b>	Section number <b>8</b>	Township number <b>T 11 S R 22 E/W</b>	Range number <b>22 E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>5 1/2 miles east of Tonganoxie</b>				3. Owner of well: R.R. or street: <b>Mr. Joseph Hoegler 728-2273 Route 3 Tonganoxie, Kansas</b> City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		
5. Type and color of material				From	To	6. Bore hole dia. <b>8</b> in. Completion date <b>8-3-76</b> Well depth <b>110</b> ft.
Top Soil				0	3	7. <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
Clay - Yellow				3	14	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
Lime - Brown				14	18	9. Casing: Material <b>PL</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>0</b> in. to <b>8 1/2</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>258</b>
Sandy Shale - Blue				18	27	10. Screen: Manufacturer's name <b>NONE</b> Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____
Slate - Black				27	30	11. Static water level: _____ mo./day/yr. <b>65</b> ft. below land surface Date <b>8-3-76</b>
Shale - Blue				30	36	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>1 before shot</b> g.p.m.
Sandstone - Grey				36	41	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
Shale				41	51	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>18</b> inches above grade
Sandstone - Grey				51	58	15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>23</b> ft.
Shale - Blue				58	63	16. Nearest source of possible contamination: ft. <b>100!</b> Direction <b>West</b> Type <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sandstone - Grey				63	73	17. Pump: Not installed Manufacturer's name <b>Jacuzzi</b> Model number <b>5SL3</b> HP <b>1/2</b> Volts <b>220</b> Length of drop pipe <b>97</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
Lime - White				73	78	18. Elevation: <b>932</b> Topography: <b>SW</b> <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley
Shale - Blue				78	103	19. Remarks:
(Use a second sheet if needed)				103	116	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. <b>BREUER, INC.</b> License No. <b>174</b> Business name _____ License No. _____ Address <b>Box 1471 Basehor, Ks. 66007</b> Signed <b>[Signature]</b> Date <b>8-9-76</b> Authorized representative
				116	120	

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

Form WWC-5