

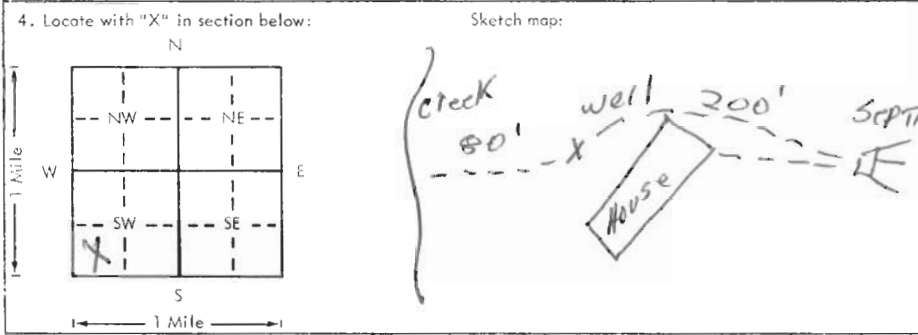
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VIRT

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 SW 1/4</u> Section number <u>3</u> Township number <u>T 11 S</u> Range number <u>R 22 E</u>	
2. Distance and direction from nearest town or city: <u>1 W of Basehot</u>	
3. Owner of well: <u>Lawrence Meyer</u> R.R. or street: <u>RR 2</u> City, state, zip code: <u>Basehot, KS 66007</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
<u>TOP SOIL</u>	From <u>0</u> To <u>3</u>
<u>Clay, brown shale, grey</u>	<u>3</u> <u>19</u>
<u>Limestone, yellow, water bearing shale, grey</u>	<u>19</u> <u>30</u>
<u>Limestone, grey shale, grey</u>	<u>30</u> <u>63</u>
<u>Limestone, grey shale, grey</u>	<u>63</u> <u>95</u>
<u>shale, grey</u>	<u>95</u> <u>140</u>
(Use a second sheet if needed)	
18. Elevation: <u>872</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>OWNER TO INSTALL SLAB</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>STRADER DRIG Co Inc 182</u> Business name License No. Address <u>RT 1 Holton, KS</u> Signed <u>Dale Askin</u> Date <u>7-26-79</u> Authorized representative	

6. Bore hole dia. <u>8</u> in. Completion date <u>7-24-79</u> Well depth <u>140</u> ft.
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 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
9. Casing: Material <u>PVC</u> Height: <u>65</u> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <u>9L</u> Weight <u>2.82</u> lbs./ft. Dia. <u>5</u> in. to <u>140</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>250</u>
10. Screen: Manufacturer's name <u>Pumpco MPI</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>.020</u> Length <u>40</u> Set between <u>20</u> ft. and <u>40</u> ft. <u>80</u> ft. and <u>100</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>.030 x .060</u>
11. Static water level: <u>30</u> ft. below land surface Date <u>7-24-79</u> mo./day/yr.
12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>30 gph</u> g.p.m.
13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>
14. Well head completion: <u>CAP</u> <u> </u> 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>5</u> ft. to <u>15</u> ft.
16. Nearest source of possible contamination: ft. <u>80</u> Direction <u>W</u> Type <u>Creek</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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

11-220-3
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

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