Dictation of Watter Well: Fraction Number Number Township Number Range Number N	• . ها	w	ATER WELL RECORD	Form WWC-5	KSA 82a	-1212		
Distance and direction from newest town or only street address of well if located within city?	—	ER WELL: Fraction	1				umber	Range Number
WATER WELL OWNER: City Project 1507 Well # 12+20 N. C. I. Based of Agriculture Division of Water Resource Application Number. Topics, Assassa 66601 ICOATE WELLS LOCATION SON WELL WATER 10 COMMINISTER LEVEL 71-97 In the ELEVATION AN X IN SCOTON SON WELL STATE WELL 71-97 In the ELEVATION Early Yell 2 yell Well well well well well well was reason in the first owner of the state of the property of the state of the s					5	T 12	S	R 16 E/₩
Riffe, St. Address, Box # Engineering Dept. Biddle Creek Board of Application Wiston of Water Resources Application Number: St. Statistics (Code)	Distance and direction	trom nearest town or city stre	eet address of well if locate	a within city?				
Fig. 8. Address, Box # Engineering Dept. Biddle Creek Board of Application (Water Resources Application Number). Street Profess (Annae Affection Form)	2 WATER WELL OW	NER: City of Top	oka Cit	w Projec	+ 1507	Wall	# 12+20	N C I
Cey, State, ZiP Code Topelica , Kansas 66601 Short State (Location With Jan Control With Ja	—							
LOCATE WELLS LOCATION WITH Depth of Property of Completed Well 1	1		_	1410 0100			_	
WELL'S STATE WATER LEVEL . 7! -9". It. below land surface measured on modayiny: 9-20-62. In. No. 1. 1. 1	JOCATE WELL'S LO	CATION WITH 4 DEPTH	OF COMPLETED WELL					
Pump test data: Well water was s. ft. after hours pumping gom and s hours pumping gom s hours pumping gom s s s hours pumping gom s.	AN X IN SECTION	(Depth(s) Gr	oundwater Encountered _1	17	ft. 2	2	ft. 3.	ft.
Est, Vield 20. gpm: Well water was t. after hours pumping gpm: Well water was t. after hours pumping gpm: Well water supply and in. to ft ft	Ī							1
Bore Hole Diseases 1, no. 1, no. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	NW							
Type of Blank Casing Gameter		Est. Yield .	. 5.7 gpm: Well water	r was 21	ft. a	fter	. hours pur	mping gpm
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well was a chemical bacteriological sample submitted to Department? Yes No No 11 (19 to 19	🛊 w - ; - +	t						
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well was a chemical/bacteriological sample submitted to Department? Yes. No. 2 If yes, moidayry sample was submitted to Department Yes. No. 2 If yes, moidayry sample was submitted to Depart specific was submitted to Department. Yes, no. 2 If yes, moid yes, yes, yes, yes, yes, yes, yes, yes,	- i	i 1 1						
TYPE OF BLANK CASING USED: 5 TYPE OF BLANK CASING USED: 1 Steel: 3 RMP (SR) 6 Asbestos-Gement 7 Fiberglass 7 Fiberglass 8 Concrete tille CASING JOINTS: Gliued X. Clamped. Welded. 7 Fiberglass 1 Threaded. 1 Steel: 3 Stainless steel: 5 Fiberglass 7 FVC 1 Steel: 3 Stainless steel: 5 Fiberglass 7 FVC 1 Continuous siot 1 Continuous siot 3 Mill slot 2 Converd shutter 4 Key punched 5 Fiorm. 1 ft. to. 1 Torth out 1 None (open hole): 9 Drilled holes CREEN OR PERFORATION DEFINING SARE: 1 Continuous siot 3 Mill slot 5 Gauzed wrapped 9 Drilled holes 1 Continuous siot 1 Continuous siot 3 Mill sot 5 Gauzed wrapped 1 Continuous siot 5 Gauzed wrapped 1 Continuous siot 6 Wire wrapped 1 Continuous siot 6 Wire wrapped 1 Continuous siot 6 Wire wrapped 1 Other (specify) 9 Drilled holes CREEN PERFORATION INTERVALS: From. 1 ft. to. 21 From. 6 GROUT MATERIAL: 1 Noa coment 2 Cament grout 3 Bentonite 4 Develor provided in from 8 Lo. 6 Grout intervals: From 1 No. 1 Noa coment 1 Septic tank 4 Lateral lines 7 Pit privy 1 Fuel storage 15 Oil well/Gas well 1 Septic tank 4 Lateral lines 7 Pit privy 1 From 1 Tuel storage 15 Oil well/Gas well 15 Oil well/Gas well 15 Oil well/Gas well 17 Oil Lithologic Log 10 Cement Grout 17 Clay, Brown, Sandy 19 22 Clay, Yellow 22 Casing pulled & plugged 0 21 Cement Grout 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (modalyyear). 10 Contractords true to the best pf, my knowledge and belief. Kansas and this record is true to the best pf, my knowledge and belief. Kansas and this record is true to the best pf, my knowledge and belief. Kansas 1 Completed on (modalyyear). 10 -29-82.	sw	SE 2 Irriga						
TYPE OF BLANK CASING USED: 1 Steel: 3 RIMP (SR) 6 Asbestos-Gement 9 Other (specify below) 8 Concrete title CASING JOINTS: Glued X. Clamped. 9 Other (specify below) Welded. 1 Steel: 1 Steel: 1 Steel: 1 Steel: 3 RIMP (SR) 5 Fiberglass Threaded. 1 In. to		Was a chem	nical/bacteriological sample s	submitted to De	epartment? Ye	esNo	; If yes,	
Size 3 RMP (SR) 6 Asbastos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass Threaded 5	<u>r</u> s	mitted			Wa			No X
2 PVC	–		•					
Blank casing diameter 6. In. to . 11. In. ft. Dia in. to	4 4 4 4	` '		_	``			
casing height above land surface. 36 in, weight 3.58 bs./ft. Wall thickness or gauge No280 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMF No. 11 Other (specify)			•			1		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 9 RMF/SN 11 Other (specify). 2 Brass 4 Galvanized steel 6 Concrete tile 9 Pags 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous siot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify). SCREEN-PERFORATED INTERVALS: From. 11. ft. to 21. ft. From ft. to ft. F	_			_	`	• .		- 1
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SCREEN-PERFORATED INTERVALS: From. 11 ft. to 21 ft. From ft. to	1 Continuous slot	t 3 Mill slot	6 Wire	wrapped		9 Drilled holes	-	
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GRAVEL PACK INTERVALS: From 10	SCREEN-PERFORATE		! .! ft. to		··· (Tit., From	m	ft. to	o
From fit. to fit. The form fit. The form fit. to fit. The form fit. The form fit. to fit. The form fit. The fit. The form fit. The form fit. The fit. T	ODAVE: DA							
GROUT MATERIAL 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Policy of Author Continuence of Continuence of Continuence of the Continuence of Continuence	GHAVEL PAC			· · · · · · · · · · · ·	. From	m	π. το)
Grout Intervals: Fig. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	6 GROUT MATERIAL			3 Bento	nite 4	Sthe NOT 4 rad	ted - pu	led in Lewweeks
What is the nearest source of possible contamination 1 Septic tank 4 Lateral lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG 12 Clay, Brown 12 15 Clay, Brown 12 15 Clay, Brown 15 Clay, Brown 17 19 Clay, Brown 17 19 Clay, Brown, Sandy 19 22 Clay, Yellow 22 23 Shale, Grey 23 Limestone, Grey 10-29-82 Casing pulled & plugged 7 Pit privy 11 Fuel storage 15 Oil well/Cas well 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage How many feet? 16 Inthologic LOG 17 LITHOLOGIC LOG 18 FROM TO LITHOLOGIC LOG 19 LITHOLOGIC LOG 10 LITHOLOGIC LOG 10 LITHOLOGIC LOG 10 LITHOLOGIC LOG 11 LITHOLOGIC LOG 11 LITHOLOGIC LOG 12 Clay, Brown, Sandy 15 Limestone, Grey 10 LITHOLOGIC LOG 16 FROM TO LITHOLOGIC LOG 17 LITHOLOGIC LOG 18 LITHOLOGIC LOG 19 LITHOLOGIC LOG 19 LITHOLOGIC LOG 10 LITHOLOGIC LOG 11 LITHOLOGIC LOG 11 LITHOLOGIC LOG 11 LITHOLOGIC LOG 11 LITHOLOGIC LOG 12 LITHOLOGIC LOG 13 Insecticide storage 14 Abandoned waler well and selection of the local storage to select the local storage the local storage to select the local storage the							and gro	ft. toft.
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Water Well Contractor's License No!							est of my kno	wledge and belief. Kansas T
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under the business name of Strader Drilling Co., Inc. by (signature) & Mele Make Months (INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top				d <i>PRINT</i> clear			or circle the	correct answers. Send ton
three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL	three copies to Kansas	Department of Health and Env						
OWNER and retain one for your records.	OWNER and retain on	e for your records.						