

2-3-77 to J.P.G. & p.e. Charles Mann

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>GEARY</u>	Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section number <u>7</u>	Township number T <u>12</u> S	Range number R <u>6</u> <u>EW</u>
2. Distance and direction from nearest town or city: <u>1 S</u>			3. Owner of well: <u>GEARY CO. LANDFILL</u>			
Street address of well location if in city: <u>OP JUNCTION</u>			R.R. or street: City, state, zip code: <u>JUNCTION CITY</u>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>10</u> in. Completion date _____	
					Well depth <u>50</u> ft. <u>10-14-76</u>	
5. Type and color of material		From	To	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		
<u>TOP SOIL</u>		<u>0</u>	<u>6</u>	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		
<u>SANDY CLAY</u>		<u>6</u>	<u>25</u>	9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2 1/2</u> in. RMP <input type="checkbox"/> PVC <u>9/2</u> Weight <u>258</u> lbs./ft. Dia. <u>5</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>274</u>		
<u>FINE SAND - COARSE SAND - PEA GR.</u>		<u>25</u>	<u>50</u>	10. Screen: Manufacturer's name _____ <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>1020</u> Length <u>10</u> Set between <u>40</u> ft. and <u>50</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: <u>20x100</u>		
				11. Static water level: _____ mo./day/yr. <u>30</u> ft. below land surface Date <u>10-14-76</u>		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</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: _____ <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>20</u> ft.		
				16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>S</u> Type <u>SEPTIC</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		
				(Use a second sheet if needed)		
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		<u>They will instal slab</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>STRABER Dalg Co Inc</u> <u>182</u> Business name License No. Address <u>RT1 Holton, Ks</u> Signed <u>Dale Ashen</u> Date <u>10-16-76</u> Authorized representative		

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

Form WWC-5