

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>Geary</b>	Fraction <b>NE 1/4 NE 1/4 NE 1/4</b>	Section number <b>27</b>	Township number <b>13 South</b>	Range number <b>7 East</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below:				6. Bore hole dia. _____ in. Completion date _____ Well depth <b>102</b> ft.		
Sketch map: Grandview Plaza east of G.C. 57 South east about 14 miles just north of the dry creek				7. <input checked="" type="checkbox"/> Cable tool _____ Rotary _____ Driven _____ Dug _____ _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary		
5. Type and color of material				8. Use: <input checked="" type="checkbox"/> Domestic _____ Public supply _____ Industry _____ _____ Irrigation _____ Air conditioning _____ Stock _____ _____ Lawn _____ Oil field water _____ Other _____		
				9. Casing: Material <b>PVC</b> Height: <input checked="" type="checkbox"/> Above or below Threaded _____ Welded _____ Surface _____ 12 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>100</b> ft. depth Wall Thickness: <b>26</b> Wall Dia. _____ in. to _____ ft. depth gage No. <b>261/40</b>		
				10. Screen: Manufacturer's name _____ Type <b>PVC MPI</b> Dia. <b>5</b> Slot/gauze <b>30</b> Length <b>40</b> Set between <b>32</b> ft. and <b>42</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8" X 1/4"</b>		
				11. Static water level: _____ mo./day/yr. <b>70</b> ft. below land surface Date <b>5-19-77</b>		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>8</b> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____		
				14. Well head completion: <b>NA</b> _____ Pitless adapter _____ inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>14</b> ft. to <b>4</b> ft.		
				16. Nearest source of possible contamination: ft. <b>150</b> Direction <b>east</b> Type <b>dug well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____		
17. Pump: Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other _____				18. Elevation:		
19. Remarks:  <b>still in use.</b> <b>MHC</b>				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>Strader Drilling Co</b> License No. <b>2374</b> Business name <b>Blue Rapids</b> Address <b>Harold Strader</b> Signed <b>Harold Strader</b> Date <b>5-19-77</b> Authorized representative		

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

Form WWC-5