

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

|   |                              |                                       |   |   |                            |
|---|------------------------------|---------------------------------------|---|---|----------------------------|
| <b>1. Location of well:</b>   | County: <b>GEARY</b>         | Fraction: <b>SW 1/4 SW 1/4 SW 1/4</b> | Section number: <b>8</b>  | Township number: <b>T 13 S R 8 E W</b>  | Range number: <b>8 E W</b> |
| <b>2. Distance and direction from nearest town or city:</b>   | <b>6 NW OF ALTAVISTA</b>     |                                       | <b>3. Owner of well: HOMER CALEY</b>  |   |                            |
| <b>Street address of well location if in city:</b>  |                              |                                       | <b>R.R. or street: 410 Shelle Rd</b>  |   |                            |
|   |                              |                                       | <b>City, state, zip code: MANHATTAN, Kans. 66502</b>  |   |                            |
| <b>4. Locate with "X" in section below:</b>   | <p>Sketch map:</p>           |                                       | <b>6. Bore hole dia. 8 in. Completion date 11-1-78</b><br><b>Well depth 100 ft.</b>   |   |                            |
|   |                              |                                       | <b>7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug</b><br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary  |   |                            |
|   |                              |                                       | <b>8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry</b><br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other |   |                            |
|   |                              |                                       | <b>9. Casing: Material PVC Height: Above or below</b><br><b>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in.</b><br><b>RMP PVC 91 Weight 2.58 lbs./ft.</b><br><b>Dia. 5 in. to 100 ft. depth Wall Thickness: inches or</b><br><b>Dia. in. to ft. depth gage No. 1274</b>  |   |                            |
| <b>5. Type and color of material</b>  |                              | From                                  | To  | <b>10. Screen: Manufacturer's name</b><br><b>Vumpco MPI</b><br><b>Type PVC Dia. 5</b><br><b>Slot/gauze 1060 Length 40</b><br><b>Set between 60 ft. and 100 ft.</b><br>_____ ft. and _____ ft.<br><b>Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 X 1/8</b>   |                            |
| <b>Top soil</b>   |                              | 0                                     | 2   | <b>11. Static water level: mo./day/yr.</b><br><b>55 ft. below land surface Date 11-1-78</b>   |                            |
| <b>Clay, Bd</b>   |                              | 2                                     | 8   | <b>12. Pumping level below land surfaces:</b><br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br><b>Estimated maximum yield 20 g.p.m.</b>   |                            |
| <b>Limestone, yellow, blue flint</b>  |                              | 8                                     | 69  | <b>13. Water sample submitted: mo./day/yr.</b><br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____  |                            |
| <b>Limestone, yellow, loose</b>   |                              | 69                                    | 70  | <b>14. Well head completion: CAP</b><br><input type="checkbox"/> Pitless adapter <b>24</b> Inches above grade   |                            |
| <b>Shale, grey</b>  |                              | 70                                    | 100   | <b>15. Well grouted? <input checked="" type="checkbox"/></b><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>5</b> ft. to <b>15</b> ft.   |                            |
|   |                              |                                       |   | <b>16. Nearest source of possible contamination</b><br>ft. <b>200</b> Direction <b>S</b> Type <b>Pond</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                            |
|   |                              |                                       |   | <b>17. Pump: <input checked="" type="checkbox"/> Not installed</b><br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                            |
| <b>18. Elevation:</b>   | <b>19. Remarks:</b>          |                                       | <b>20. Water well contractor's certification:</b><br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Strader Drilling Co 182</b><br>Business name License No.<br>Address <b>471 Halton, Ks</b><br>Signed <b>Dale Rabren</b> Date <b>11-3-78</b><br>Authorized representative                |   |                            |
| Topography:<br><input checked="" type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley | <b>OWNER TO INSTALL SIAB</b> |                                       |   |   |                            |

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

Form WWC-5

T 8 T  
R 0  
S 0  
1/4 1/4 1/4 1/4