

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

NWSW NE

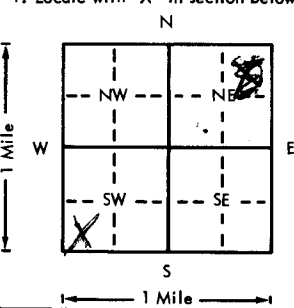
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WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

3

1. Location of well: County <u>Wabaunsee</u> Fraction <u>NE 1/4 NE 1/4 NE 1/4</u> Section number <u>10</u> Township number <u>T 13 Souths</u> Range number <u>R East</u> E/W	
2. Distance and direction from nearest town or city: <u>7 1/2 miles Southwest of Alma by gravel Road</u> Street address or well location if in city: <u>in Voland</u> Owner of well: <u>Norman Openfeller</u> R.R. or street: <u>RR 1 Box 48</u> City, state, zip code: <u>Alma Kans 66401</u>	
4. Locate with "X" in section below: Sketch map: 	6. Bore hole dia. <u>1 1/2</u> in. Completion date <u>May 5 1978</u> Well depth <u>89</u> ft.
	7. <input checked="" type="checkbox"/> Cable tool <input 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
5. Type and color of material	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: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2 1/2</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>8 1/2</u> ft. depth Wall thickness: in. <u>2 1/2</u> 7 wall Dia. _____ in. to _____ ft. depth gage No. _____
	10. Screen: Manufacturer's name <u>M.P.I.</u> Type <u>P.V.C.</u> Dia. <u>5</u> in. Slot/gauge <u>0.40</u> Length <u>20 1/2</u> Set between <u>69</u> ft. and <u>89</u> ft. <u>29</u> ft. and <u>49</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u>
	11. Static water level: _____ mo./day/yr. <u>40</u> ft. below land surface Date <u>5-5-78</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>2.5</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 _____ Inches above grade
	15. Well grouted? <input checked="" type="checkbox"/> <u>1-2</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>15</u> ft. to <u>5</u> ft.
	16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>West</u> Type <u>Valley</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: <u>1240</u> Topography: <u>PK</u> <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:
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 Drilling Co 137</u> Business name <u>Blue Rapids</u> License No. _____ Address _____ Signed <u>Harold Strader</u> Date <u>5-5-78</u> Authorized representative	

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

Form WWC-5