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	Fraction	Section number	Township number	Range number
	Miami	NW 1/4 NW 1/4 SW 1/4	26	T 16 S	R 21 E/W

2. Distance and direction from nearest town or city: 6.5 miles S. and 1.25 E of Wellsville
Street address of well location if in city:

3. Owner of well: Joyce Alldaffer
R.R. or street: 129 Montclair
City, state, zip code: Olathe, KS 66061

4. Locate with "X" in section below: Sketch map:

N — NW — NE — W — X — E — SW — SE — S — 1 Mile — 1 Mile

No Buildings Here yet.

6. Bore hole dia. 8 in. Completion date 5/1/78
Well depth 141 ft.

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material _____ Height: Above or below
Threaded ____ Welded ____ Surface 12 in.
RMP X PVC ____ Weight _____ lbs./ft.
Dia. 5 in. to 141 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 3/16

5. Type and color of material	From	To
Surface	0	2
Lime (gray) LT	2	15
Shale (gray) Drk	15	40
Lime (gray) LT	40	62
Shale (gray) LT	62	141
T.D		141

(Use a second sheet if needed)

10. Screen: Manufacturer's name _____
Type _____ Dia. _____
Slot/gauze _____ Length _____
Set between _____ ft. and _____ ft.
_____ ft. and _____ ft.
Gravel pack? yes Size range of material 1/4 3/8

11. Static water level: mo./day/yr.
70 ft. below land surface Date 5/1/78

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping 45 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 45 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date _____

14. Well head completion:
____ Pitless adapter _____ Inches above grade

15. Well grouted? yes
With: X Neat cement __ Bentonite ____ Concrete
Depth: From 4 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. _____ Direction _____ Type _____
Well disinfected upon completion? X Yes ____ No

17. Pump: X Not installed
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: 1050
Topography:
____ Hill
✓ Slope
____ Upland
____ Valley

19. Remarks: Customer is aware of State regulations and agrees to install a 4' square reinforced concrete platform around top of well.

X Joyce N. Alldaffer

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.
A.G. Glaze 350
Business name License No.
Address 121 S. Chester Olathe
Signed Alva G. Glaze Date 5-27-78
Authorized representative

T 16 R 21 (E/W) Sec 26 1/4 NW 1/4 NW 1/4 SW 1/4

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

Form WWC-5

M1-1023