

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

WATER WELL RECORD
KSA 82a-1201-1215

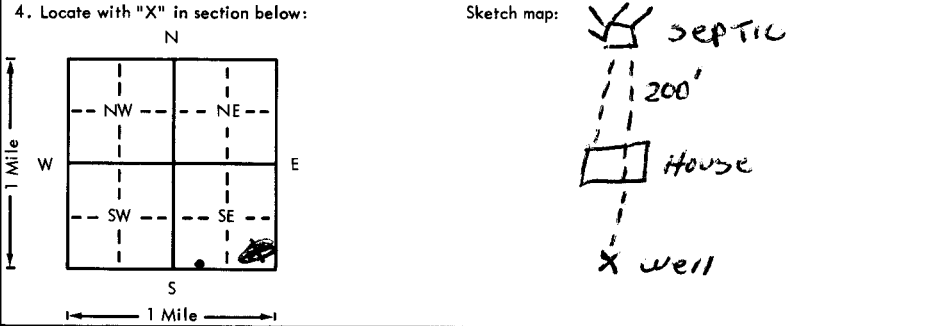
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

400 7 SW
CSL-SW $\frac{1}{4}$ -SE $\frac{1}{4}$

DCC

1. Location of well:	County BROWN	Fraction SE$\frac{1}{4}$ NE$\frac{1}{4}$ SE$\frac{1}{4}$	Section number 25	Township number T 3 S R	Range number 16
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2. Distance and direction from nearest town or city: Street address of well location if in city:	.5 W OF BAKER	3. Owner of well: R.R. or street: City, state, zip code:	SEIMAR SALVERSON POWHATAN, KANSAS 66527
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6. Bore hole dia. **10** in. Completion date **9-15-77**
Well depth **80** ft.

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

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

9. Casing: Material **PVC** Height: **Above** or below
Threaded Welded Surface **24** in.
RMP **PVC 92** Weight **258** lbs./ft.
Dia. **5** in. to **80** ft. depth Wall Thickness: inches or
Dia. in. to ft. depth gage No. **274**

5. Type and color of material	From	To
TOP SOIL	0	4
Clay, BROWN	4	34
FINE SAND-COURSE SAND-GRAVEL	34	60
Limestone, grey	60	64
Shale, grey, Red	64	80
(Use a second sheet if needed)		

10. Screen: Manufacturer's name **DUMACO MPJ**
Type **PVC** Dia. **5**
Slot gauze **.020** Length **40**
Set between **40** ft. and **80** ft.
ft. and ft.
Gravel pack? Size range of material **.030x.060**

11. Static water level: mo./day/yr.
50 ft. below land surface Date **9-15-77**

12. Pumping level below land surfaces:
 ft. after hrs. pumping g.p.m.
 ft. after hrs. pumping g.p.m.
Estimated maximum yield **20** g.p.m.

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

14. Well head completion: **CAP**
 Pitless adapter **24** inches above grade

15. Well grouted?
With: Neat cement Bentonite Concrete
Depth: From **5** ft. to **15** ft.

16. Nearest source of possible contamination:
ft. **200** Direction **N** Type **SEPTIC**
Well disinfected upon completion? Yes No

17. Pump: 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: 1165 Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: OWNER TO INSTAL SIAB	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. Business name STRADER DRLG Co Inc License No. _____ Address Hotton KS Signed Dale Ashman Date 9-19-77 Authorized representative
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3-16-77 25 SESESE 1/4 1/4 1/4

BR = 1105 E = 1115