36

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

15	5E	30	NE SE SW
T	R EW	sec	1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

SE SE SW

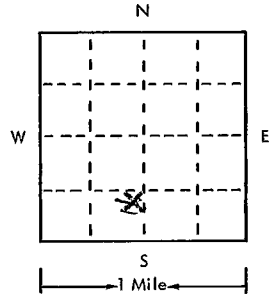
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Washington	Lincoln	SW 1/4	30	T5S	R5E ~~T 199~~

Distance and direction from nearest town or city: 8 Mi. So Barnes 2½ W. 8 Mi. S. 2½ W. of Barnes
Street address of well location if in city:

3 Owner of well: ~~Network~~ Bob VATHAUER
Address: Barnes Kans

Locate with "X" in section below:



Sketch map:

2 Type and color of material	From	To
Top Soil	0	5
Yellowish Joint Clay	5	22
Gravel	22	24
Blue Shale	24	32
Brown Clay with small rock	32	41
Yellow Clay	41	44
Pores Yellow Rock	44	50
Hard Blue Rock	50	54

(use a second sheet if needed)

4 Well depth: 54 ft. Date of completion July 22 1975
Well diameter 7 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug [ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry [ ] Irrigation [ ] Air conditioning [ ] Commercial [ ] Test well [ ]

7 Casing: Material Blank RMP Height: above/below
Threaded [ ] Welded [ ] Surface 12 in.
Diam. 5 in. to 54 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? [ ] Yes [X] No

8 Screen:
Manufacturer Iess & Lowell RMP
Type Plastic Dia. 5"
Slot/gauze .060 Length 20'
Set between 54 ft. and 34 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 1/6 X 1/4

9 Static water level: 23 ft. below land surface Date July 22-75

10 Pumping level below land surfaces: Bucketed
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 40 g.p.m.

11 Water sample submitted: [ ] Yes [X] No Date ___

12 Well head completion: NA
[ ] Pitless adapter [ ] Inches above grade

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ]
Depth: From 18 ft. to 8 ft.

14 Nearest source of possible contamination: NA
ft. 200 Direction N Type Raw
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [X] Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
[ ] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Centrifugal [ ] Other

16 Remarks: elevation 1310
Topography:
[ ] Hill
[X] Slope
[ ] Upland
[ ] Valley

17 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.
Strader Drilling Co. 237
Business name License No.
Address Blue Rapids
Signed Harold Strader Date 7/22/75
Authorized representative

5 5E 30 NE SE SW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H