

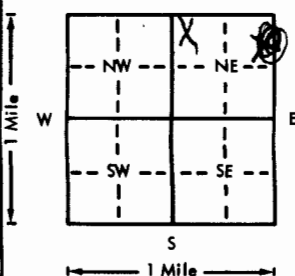
USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

NW 1/4 NW 1/4 NE 1/4 28

T. 7 South
R. 6 E

1. Location of well: County <u>Riley</u> T. <u>7 S</u> R. <u>6 E</u> E/W		Section number <u>28</u>		Township number <u>7 S</u>		Range number <u>6 E</u>	
2. Distance and direction from nearest town or city: <u>3/4 mile south of 77 Highway on east side of it</u>				3. Owner of well: <u>Bertil Anderson</u> City, state, zip code: <u>Olzburg Kans</u>			
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>10</u> in. Completion date <u>8-2-76</u> Well depth <u>114</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			
				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: (Above or below surface) <u>20</u> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input checked="" type="checkbox"/> RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>30# lbs./ft.</u> Dia. <u>5</u> in. to <u>114</u> ft. depth Wall thickness: <u>2.38 wall</u> Dia. <u>5</u> in. to <u>114</u> ft. depth Gauge No. <u>2.38 wall</u>			
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Pumpco</u> Type <u>PVC</u> Dia. <u>40</u> Slot/gauge <u>0.40</u> Length <u>40</u> Set between <u>34</u> ft. and <u>94</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8" X 1/4"</u>			
<u>top soil</u>		<u>0</u>	<u>3</u>	11. Static water level: <u>50</u> ft. below land surface Date <u>8-2-76</u> mo./day/yr.			
<u>Rock Soft yellow lime</u>		<u>3</u>	<u>10</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>30</u> g.p.m.			
<u>Rock Hard lime</u>		<u>10</u>		13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date			
				14. Well head completion: <u>NA</u> <input type="checkbox"/> Pitless adapter ____ inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>14</u> ft. to <u>4</u> ft.			
				16. Nearest source of possible contamination: <u>3000</u> ft. Direction <u>east</u> Type <u>dry creek</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			
18. Elevation:		(Use a second sheet if needed)		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 - 927</u> Business name <u>Blue Rapids</u> License No. ____ Address <u>16 avold st</u> Date <u>8-2-76</u> Signed <u>Howard Strader</u> Authorized representative			
19. Remarks:							
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

7-16-76
Sec 28
R 6 E
T 7 S

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

Form WWC-5