

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: <u>Pottawatomie</u>		County: <u>Pottawatomie</u>		Fraction: <u>SE 1/4 SE 1/4 SE 1/4</u>		Section number: <u>28</u>		Township number: <u>T 8 S R 10 E/W</u>		Range number: <u>10</u>	
2. Distance and direction from nearest town or city: <u>8 N 1 E</u>						3. Owner of well: <u>DAVE BURGIS</u>					
Street address of well location if in city: <u>OF NAME 90</u>						City, state, zip code: <u>RR1 Wamego</u>					
4. Locate with "X" in section below:				Sketch map:				6. Bore hole dia. <u>8</u> in. Completion date <u>11-5-76</u>			
								Well depth <u>100</u> ft.			
								7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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: <u>Above</u> or below			
								Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>29</u> in.			
								RMP <input type="checkbox"/> PVC <u>9L</u> Weight <u>2.50</u> lbs./ft.			
								Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or			
								Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>279</u>			
5. Type and color of material				From		To		10. Screen: Manufacturer's name <u>Pumpco</u>			
<u>TOP SOIL</u>				<u>0</u>		<u>3</u>		Type <u>PVC</u> Dia. <u>5</u>			
<u>yellow clay</u>				<u>3</u>		<u>17</u>		<input checked="" type="checkbox"/> Slotted gauze <u>1020</u> Length <u>40</u>			
<u>1" Limestone</u>				<u>17</u>		<u>18</u>		Set between <u>15</u> ft. and <u>55</u> ft.			
<u>shale (grey)</u>				<u>18</u>		<u>36</u>		Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>20-30 VIB</u>			
<u>Lime-grey</u>				<u>36</u>		<u>42</u>		11. Static water level: <u>12</u> ft. below land surface Date <u>11-5-76</u>			
<u>sandy shale (blue)</u>				<u>42</u>		<u>100</u>		12. Pumping level below land surfaces: <u>AIR TEST</u>			
								___ ft. after ___ hrs. pumping ___ g.p.m.			
								___ ft. after ___ hrs. pumping ___ g.p.m.			
								Estimated maximum yield <u>1</u> g.p.m.			
								13. Water sample submitted: ___ mo./day/yr.			
								Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date ___			
								14. Well head completion: <u>CAP</u>			
								___ Pitless adapter <u>29</u> inches above grade			
								15. Well grouted? <input checked="" type="checkbox"/>			
								With: <input checked="" type="checkbox"/> Neat cement ___ Bentonite ___ Concrete			
								Depth: From <u>5</u> ft. to <u>15</u> ft.			
								16. Nearest source of possible contamination: <u>300</u> ft. Direction <u>NE</u> Type <u>SEPTIC</u>			
								Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ___ 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: ___ Submersible ___ Turbine			
								___ Jet ___ Reciprocating			
								___ Centrifugal ___ Other			
								(Use a second sheet if needed)			
18. Elevation:		19. Remarks: <u>OWNER WILL INSTALL SLAB</u>						20. Water well contractor's certification:			
Topography: ___ Hill ___ Slope ___ Upland <input checked="" type="checkbox"/> Valley								This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
								<u>STRADER DRUG CO INC 182</u>			
								Business name <u>RTI Holton, KS</u> License No. ___			
								Address <u> </u>			
								Signed <u>Dave Burgis</u> Date <u>11-8-76</u>			
								Authorized representative			

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

Form WWC-5

S-10
 W-10
 E-28
 Sec 1/4 1/4 1/4 1/4