

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

WATER WELL RECORD  
KSA 82a-1201-1215

1 Location of well:	County <b>POTAWATOMIE</b>	Township name <b>CENTER</b>	Fraction <b>NW 1/4 - NW 1/4 - NW 1/4</b>	Section number <b>7</b>	Town number <b>8</b>	Range number <b>11</b>
Distance and direction from nearest town or city: <b>85. 2 W</b>			Owner of well: <b>GEORGE FLINN</b>			
Street address of well location if in city: <b>OF ONAGA</b>			Address: <b>ONAGA, KS.</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>90</b> ft. Date of completion <b>11-12-75</b> Well diameter <b>8</b> in.		
				5 <input 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		
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <b>PVC</b> Height: <b>(above)</b> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>24</b> in. Diam. <b>96</b> Weight <b>233</b> lbs./ft. <b>5</b> in. to <b>20</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>—</b> in. to <b>—</b> ft. depth		
2		Type and color of material		From	To	8 Screen: Manufacturer <b>PUMPCO</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>.080</b> Length <b>20</b> Set between <b>15</b> ft. and <b>30</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4 x 1/8</b>
		<b>TOP SOIL</b>		<b>0</b>	<b>6</b>	9 Static water level: <b>15</b> ft. below land surface Date <b>12-11-75</b>
		<b>yellow clay</b>		<b>6</b>	<b>15</b>	10 Pumping level below land surfaces: <b>AIR TEST</b> <b>—</b> ft. after <b>—</b> hrs. pumping <b>—</b> g.p.m. <b>—</b> ft. after <b>—</b> hrs. pumping <b>—</b> g.p.m. Estimated maximum yield <b>2</b> g.p.m.
		<b>yellow lime</b>		<b>15</b>	<b>20</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>—</b>
		<b>Blue shale</b>		<b>20</b>	<b>32</b>	12 Well head completion: <b>CAPPED</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
		<b>grey lime</b>		<b>32</b>	<b>36</b>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>10</b> ft.
		<b>Blue shale</b>		<b>36</b>	<b>70</b>	14 Nearest source of possible contamination: <b>SEPTIC</b> ft. <b>600</b> Direction <b>NE</b> Type <b>TANK</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<b>grey lime</b>		<b>70</b>	<b>73</b>	15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <b>—</b> Model number <b>—</b> HP <b>—</b> Volts <b>—</b> Length of drop pipe <b>—</b> ft. capacity <b>—</b> 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
		<b>Blue shale</b>		<b>73</b>	<b>80</b>	16 Remarks: elevation <b>11/8 Owner to Install slab</b> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <b>Stroder Drlg. Co. Inc 182</b> Business name License No. Address <b>RT 1 Horton KS</b> Signed <b>Dale Auburn</b> Date <b>11-13-75</b> Authorized representative

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