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

WATER WELL RECORD
KSA 82a-1201-1215

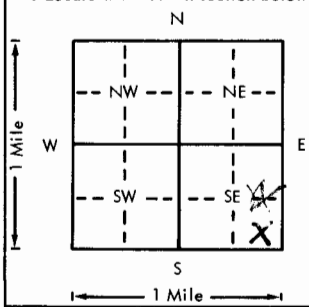
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	POTTAWATOMIE	SE 1/4 ~~SE 1/4 SE~~ NE 1/4	31	T 8 S	R 11 E/W

2. Distance and direction from nearest town or city: 3 S
Street address of well location if in city: of LACeKde

3. Owner of well: Bob MASSIOEN
R.R. or street:
City, state, zip code: RR2 WAMeGO

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 10 in. Completion date
Well depth 53 ft. 4-5-77

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 4" in.
RMP ___ PVC 9L Weight 2.58 lbs./ft.
Dia. 5 in. to 53 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. ~~SDR~~ 1258

5. Type and color of material	From	To
TOP SOIL	0	5
Clay, Blue	5	35
SAND Fine	35	37
COURSE SAND-GRAVEL	37	50
Shale, GRey	50	53
(Use a second sheet if needed)		

10. Screen: Manufacturer's name PUMPC
Type PVC Dia. 5
Slot/gauze .020 Length 15
Set between 38 ft. and 53 ft.
___ ft. and ___ ft.
Gravel pack? ✓ Size range of material .030 X .060

11. Static water level: 2 mo./day/yr.
20 ft. below land surface Date 4-5-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 50 g.p.m.

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

14. Well head completion: CAP
___ Pitless adapter 5 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. 300 Direction W Type POTS
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: 1000'
Topography:
___ Hill
___ Slope
___ Upland
✓ Valley

19. Remarks:
OWER WILL INSTAL SLAB

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.
~~RTI Holton,~~ STRADER DRLG CO 182
Business name License No.
Address RTI Holton, KS
Signed Dale Crabson Date 4-8-77
Authorized representative

T 8 R 11 W Sec 31 1/4 1/4 1/4 SE SE SE

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

Form WWC-5

MI-1023