

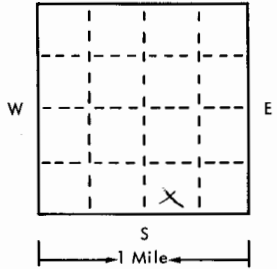
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.



T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

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

1 Location of well:	County: <u>Pottawatomie</u>	Township name: <u>Louisville</u>	Fraction: <u>TRACT</u> <u>Sub SE 1/4</u>	Section number: <u>29</u>	Town number: <u>9S</u>	Range number: <u>12E</u>
Distance and direction from nearest town or city: <u>2 N.W.</u>			3 Owner of well: <u>Orville Richards</u>			
Street address of well location if in city: <u>Wamego, Ks.</u>			Address: <u>RFD Wamego, Ks.</u>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: <u>9S</u> <u>7S</u>			4 Well depth: <u>120</u> ft. Date of completion <u>7-25-75</u> Well diameter <u>10</u> in.
2 Type and color of material			From	To		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
			<u>Top Soil</u>	<u>0</u>	<u>4</u>	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"/>
			<u>Brown Clay</u>	<u>4</u>	<u>104</u>	7 Casing: Material <u>PVC</u> Height: above <u>land</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Diam. _____ Weight <u>2.33</u> lbs./ft. <u>0</u> in. to <u>120</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ____ in. to ____ ft. depth
			<u>Coarse sand &amp; GRAVEL</u>	<u>104</u>	<u>115</u>	8 Screen: Manufacturer <u>Pump Co</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/g <u>1025</u> Length <u>16</u> Set between <u>104</u> ft. and <u>120</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#3</u>
			<u>Grey Shale</u>	<u>115</u>	<u>120</u>	9 Static water level: <u>NOT MEASURED</u> ____ ft. below land surface Date _____
						10 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>10</u> g.p.m.
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						12 Well head completion: <u>CAPPED</u> <input type="checkbox"/> Pitless adapter <u>24</u> <input checked="" type="checkbox"/> Inches above grade
						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 <u>0</u> ft. to <u>10</u> ft.
						14 Nearest source of possible contamination: ft. <u>100</u> Direction <u>N.E.</u> Type <u>S. Tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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			
			16 Remarks: elevation			
			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. <u>Stander Drilling Co Inc 182</u> Business name _____ License No. _____ Address <u>RFD 1 Holton, Ks.</u> Signed <u>Dale Anderson</u> Date <u>7-30-75</u> Authorized representative			

9 10E 29 CSW 5