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

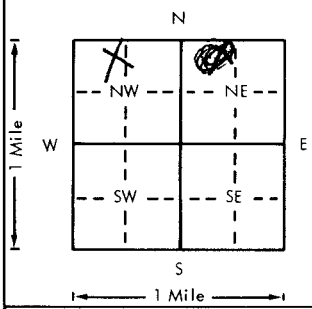
only 40 acres

1. Location of well:	County: Pottawatomie	Fraction: NW 1/4 NW 1/4 NW 1/4	Section number: 30	Township number: T 9 S	Range number: R 11 E/W

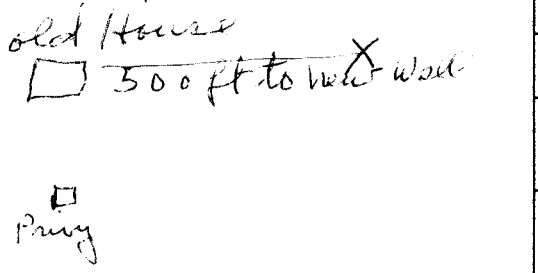
2. Distance and direction from nearest town or city: Wamego 4 M east on 24 Hiway 2 N on oil road 1/2 west
Street address of well location if in city: So. Side

3. Owner of well: Neil Carlson
R.R. or street: Box 23 Louisville
City, state, zip code: ~~Wamego~~ Kans

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 9 in. Completion date 7-7-76
Well depth 92 ft.

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above or below
Threaded ___ Welded ___ Surface 26 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 5 in. to 92 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

5. Type and color of material	From	To
top soil	1	5
Clay Brown	5	30
Rocks	30	38
Blue Shale	38	50
Rocks Limestone	50	64
Blue Shale	64	92
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Pumpco
Type PVC Dia. 5"
Slot/gauze 050 Length 40
Set between 40 ft. and 80 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material ~~1/4 X 1/4~~

11. Static water level: mo./day/yr.
28 ft. below land surface Date 7-7-76

12. Pumping level below land surfaces: Baler test
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 20 g.p.m.

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

14. Well head completion: NA
__ Pitless adapter ___ Inches above grade

15. Well grouted? X
With: __ Neat cement __ Bentonite X Concrete
Depth: From 16 ft. to 4 ft.

16. Nearest source of possible contamination: outside
ft. 600 Direction S.W. Type Toilet
Well disinfected upon completion? X Yes __ No

17. Pump: X 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

T 9 S R 11 E W Sec 30 1/4 1/4 1/4

18. Elevation:

Topography:
__ Hill
X Slope
__ Upland
__ Valley

19. Remarks:

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.
Business name Strader Drilling Co. License No. 232
Address Blue Rapids
Signed Harold Strader Date 7-7-76
Authorized representative

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

Form WWC-5