

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: <u>POTTAWATOMIE</u>	Fraction: <u>SE 1/4 SE 1/4 SE 1/4</u>	Section number: <u>2</u>	Township number: <u>T 9</u>	Range number: <u>S R 12 E/W</u>
2. Distance and direction from nearest town or city: <u>15 - 1E .3N</u>	3. Owner of well: <u>Roy Smith</u> or street: <u>516 W. PALMER</u> City, state, zip code: <u>ST. MARYS, KS, 66536</u>				
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>10</u> in. Completion date _____ Well depth <u>40</u> ft. <u>4-7-77</u>
<u>TOP SOIL</u>			<u>0</u>	<u>5</u>	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
<u>Clay, BROWN</u>			<u>5</u>	<u>23</u>	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
<u>GRAVEL</u>			<u>23</u>	<u>27</u>	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>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>40</u> ft. depth gage No. <u>258</u>
<u>Shale, grey</u>			<u>27</u>	<u>40</u>	10. Screen: Manufacturer's name <u>PUMPCO</u> Type <u>PVC</u> Dia. <u>5</u> <input checked="" type="checkbox"/> Slotted gauze <u>1/20</u> Length <u>20</u> Set between <u>20</u> ft. and <u>40</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1030Y, 060</u>
					11. Static water level: _____ mo./day/yr. <u>23</u> ft. below land surface Date <u>4-7-77</u>
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <u>CAP</u> <input type="checkbox"/> Pitless adapter <u>24</u> Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>20</u> ft.
					16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>S</u> Type <u>DRAINAGE</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
(Use a second sheet if needed)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <u>OWNER WILL INSTAL SLAB</u>		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. <u>Strader Drilling Co Inc 1P2</u> Business name _____ License No. _____ Address <u>RT1 Holton, KS</u> Signed <u>Dale Fisher</u> Date <u>4-7-77</u> Authorized representative		

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