

USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
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WATER WELL RECORD
KSA 82g-1201-1215

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

County Pottawatomie		Fraction SE 1/4 NW 1/4 SW 1/4	Section number 7	Township number T 9 S 8 E	Range number 8
1. Location of well: Pottawatomie			3. Owner of well: DON KUNGER		
2. Distance and direction from nearest town or city: 6 N			R.R. or street: RT 5 - Box 845		
Street address of well location if in city: MANHATTAN, KS			City, state, zip code: MANHATTAN, KS.		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date 12-12-76	
				Well depth 260 ft.	
				7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
				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	
				9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 29 in. RMP <input type="checkbox"/> PVC 4L Weight 253 lbs./ft. Dia. 5 in. to 260 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 279	
5. Type and color of material		From	To	10. Screen: Manufacturer's name Pumpco	
TOP SOIL		0	4	Type PVC Dia. 5	
Limestone - Brown - Shaley		4	119	Slit/gauze 260 Length 40	
Limestone - yellow -		119	120	Set between 120 ft. and 140 ft. 200 ft. and 220 ft.	
Limestone - yellow - BRW. - shale		120	220	Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 x 1/8	
Shale - Red - BK. - grey		220	260	11. Static water level: 120 ft. below land surface Date 10-12-76	
				12. Pumping level below land surfaces: AIR TEST	
				ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.	
				ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.	
				Estimated maximum yield 1 g.p.m.	
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
				14. Well head completion: CAP	
				Pitless adapter 29 inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/>	
				With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
				Depth: From 5 ft. to 15 ft.	
				16. Nearest source of possible contamination: SEPTIC	
				ft. 150 Direction E Type SEPTIC	
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed	
				Manufacturer's name <input type="checkbox"/>	
				Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/>	
				Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		OWNER will install slab		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
				STRADER DRUG CO INC 182	
				Business name <input type="checkbox"/> License No. <input type="checkbox"/>	
				Address RT 1 HOLTEN, KS	
				Signed Dale Baker Date 10/13	
				Authorized representative	

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

Form WWC-5