

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>NE 1/4 NE 1/4 NE 1/4</u> Section number <u>30</u> Township number <u>T 9 S R 9</u> Range number <u>E/W</u>	
2. Distance and direction from nearest town or city: <u>3 S</u> Street address of well location if in city: <u>OF FLUSH</u>	
3. Owner of well: <u>GARY BURNET</u> R X or street: <u>19 TERRA HEIGHTS</u> City, state, zip code: <u>MANHATTAN, KS 66502</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>TOP SOIL</u>	<u>0</u> <u>4</u>
<u>BROWN CLAY</u>	<u>4</u> <u>70</u>
<u>FINE SAND - COURSE SAND</u>	<u>70</u> <u>110</u>
6. Bore hole dia. <u>12</u> in. Completion date <u>12-5-76</u> Well depth <u>110</u> ft.	
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	
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 <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>258</u> lbs./ft. Dia. <u>5</u> in. to <u>110</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>110</u> ft. depth gage No. <u>279</u>	
10. Screen: Manufacturer's name <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5</u> <input checked="" type="checkbox"/> Slot gauze <u>020</u> Length <u>20</u> Set between <u>90</u> ft. and <u>110</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>030x040</u>	
11. Static water level: <u>80</u> mo./day/yr. ft. below land surface Date <u>12-5-76</u>	
12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>	
14. Well head completion: <u>CAP</u> <u> </u> Pitless adapter <u>29</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>5</u> ft. to <u>15</u> ft.	
16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>N</u> Type <u>SEPTIC</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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 checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input 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 Dohy Co Inc 182</u> Business name License No. Address <u>RT1 Manhattan KS</u> Signed <u>Dale Asher</u> Date <u>12-6-76</u> Authorized representative	

9-9-76
 Sec 30
 NE 1/4 NE 1/4

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

Form WWC-5