

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

DCD

1. Location of well: County <u>POIT</u>		Fraction <u>SE SW SE</u> <del>NE NW NE NW</del>		Section number <u>26</u>	Township number <u>T 9 S R 9 E/W</u>	Range number
2. Distance and direction from nearest town or city: <u>3 1/2 W 2 N 1/4 W</u>		3. Owner of well: <u>BRUCE FLANNAGAN</u>				
Street address of well location if in city: <u>OF Wamego</u>		R.R. or street: <u>RR1</u> City, state, zip code: <u>Wamego, KS 66547</u>				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>12</u> in. Completion date _____ Well depth <u>112</u> ft. <u>3-23-76</u>	
					7. <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	
5. Type and color of material		From	To	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>24</u> in. RMP <input type="checkbox"/> PVC <u>9L</u> Weight <u>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>112</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>258</u>		
TOP SOIL		0	5	10. Screen: Manufacturer's name <u>RUMPCO</u>		
SANDY CLAY		5	80	Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.025</u> Length <u>10'</u> Set between <u>102</u> ft. and <u>112</u> ft. _____ ft. and _____ ft.		
FINE SAND - COARSE SAND		80	113	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>20 X 40</u>		
				11. Static water level: _____ mo./day/yr. <u>70</u> ft. below land surface Date <u>3-23-76</u>		
				12. 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>30</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion: <u>CAPPED</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>15</u> ft.		
				16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>E</u> Type <u>SEPTIC TANK</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: <u>1110</u>	19. Remarks: <u>DWEE 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 DRUG CO INC 182</u> Business name License No. _____ Address <u>RT1 HOLTON, KS</u> Signed <u>Dale Ashen</u> Date <u>3-23-76</u> Authorized representative			
Topography: <u>Hill</u> <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5