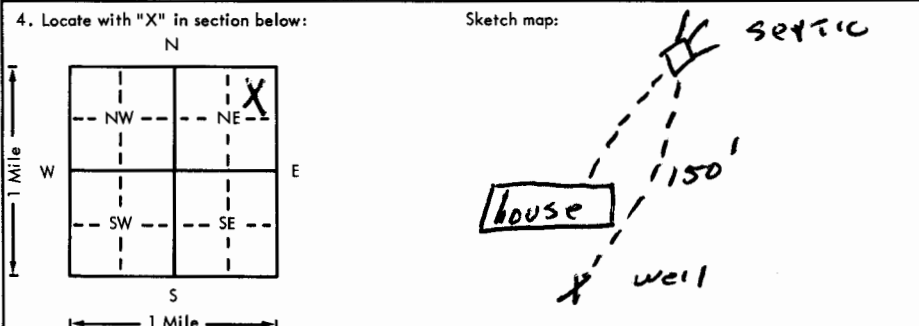


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 POTTAWATOMIE Fraction NE 1/4 NE 1/4 NE 1/4 Section number 34 Township number T 9 S Range number R 9 EW	
2. Distance and direction from nearest town or city: 3W 1.5N Street address of well location if in city: 1/2 W of Wamego	
3. Owner of well: JULIUS LINTZ R.R. or street: RT. 1 City, state, zip code: WAMEGO, Kans. 66547	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. 12 in. Completion date _____ Well depth 120 ft. 8-18-78	
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 PVC Height: 5 above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC 9L Weight 2.58 lbs./ft. Dia. 5 in. to 20 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 127	
10. Screen: Manufacturer's name DUMCO MPE Type PVC Dia. 5 <input checked="" type="checkbox"/> Slotted gauze 0.20 Length 10 Set between 108 ft. and 118 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1030x060	
11. Static water level: _____ mo./day/yr. 50 ft. below land surface Date 5-15-78	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
14. Well head completion: CAP <input type="checkbox"/> Pitless adapter 24 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 0 ft. to 10 ft.	
16. Nearest source of possible contamination: ft. 150 Direction N 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 _____ 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 checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: OWNER TO INSTALL SLAB
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. STRADER Dalg Co INC 182 Business name License No. _____ Address RT 1 HOLTON, KS Signed Dale Astum Date 8-21-78 Authorized representative	

T 9 S R 9 EW Sec 34 NE 1/4 NE 1/4

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

Form WWC-5