789-2

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

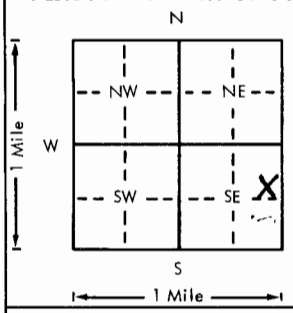
NE SW SE AAA DCA MAT

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Leavenworth	~~SE~~ NE 1/4 NE 1/4 ~~SE~~ 1/4	~~14~~ 16	T 9 S	R 21 E W

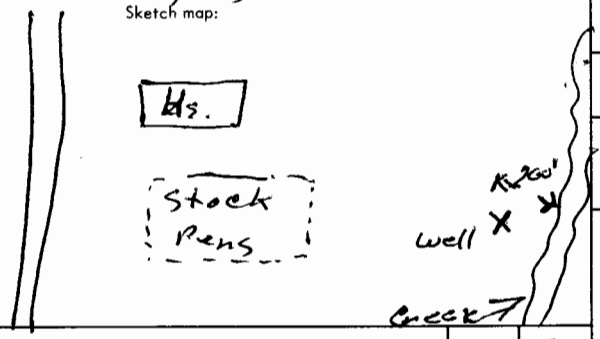
2. Distance and direction from nearest town or city: 4 N.
Street address of well location if in city: Jarbalo, KS

3. Owner of well: W. T. Todd
R.R. or street: 959 Sutton Ct.
City, state, zip code: Kansas City, Ks. 66103

4. Locate with "X" in section below:



Sketch map:



5. Type and color of material	From	To
Top Soil	0	4
Brown Silty Clay	4	21
Gray Silty Clay	21	51
Yellow ~~Pen~~ Clay	51	55
Yellow Pen Gravel	55	59
Gray Shale	59	65

(Use a second sheet if needed)

6. Bore hole dia. 5 in. Completion date 7-21-78
Well depth 65 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above or below
Threaded ___ Welded ___ Surface 24 in.
RMP ___ PVC Glue Weight 2.74 lbs./ft.
Dia. 5 in. to 65 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1258

10. Screen: Manufacturer's name Plung Co
Type PVC Dia. 5"
Slot/gauze .020 Length 10
Set between 55 ft. and 65 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 030/060

11. Static water level: mo./day/yr.
20 ft. below land surface Date 7-21-78

12. Pumping level below land surfaces: Air test
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 25 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date

14. Well head completion: Top Cap
___ Pitless adapter 24 Inches above grade

15. Well grouted? Yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. 200 Direction E Type Creek
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation: 1027 Rm
Topography:
___ Hill
___ Slope
___ Upland
X Valley

19. Remarks:
Owner to install slab
885 MAT

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 Drlg Co 182
Business name License No.
Address RT 1 Holton, KS
Signed Dale Strader Date 7-22-78
Authorized representative

T 9 R 21 E W Sec 14 1/4 1/4 1/4 1/4 SE NE

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

Form WWC-5