

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

CCB

WATER WELL RECORD  
KSA 82a-1201-1215  
NW SW C 2  
SE NW SW

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:		County <b>Shawnee</b>	Township name <b>Menoken</b>	Fraction <b>SW 4 NW 4 SW 4</b>	Section number <b>5</b>	Town number <b>T105</b>	Range number <b>R15K</b>
Distance and direction from nearest town or city: Street address of well location if in city:					3 Owner of well: <b>Constant, Marland</b> Address: <b>8740 N.W. Landon Rd</b>		
Locate with "X" in section below:				Sketch map:		4 Well depth: <b>34</b> ft. Date of completion <b>9/4/75</b> Well diameter <b>10</b> in.	
				5 <input checked="" type="checkbox"/> Cable tool <input 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		6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
2 Type and color of material				From	To	7 Casing: Material <b>steel</b> height: (above/below) Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>36</b> in. Diam. <b>65/8</b> Weight <b>13</b> lbs./ft. ___ in. to ___ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth	
top soil with sand				0	4	8 Screen: Manufacturer <b>steel pipe &amp; supply</b> Type <b>steel</b> Dia. <b>6 5/8"</b> Slot/gauze <b>1/4 hole</b> length <b>7 ft.</b> Set between <b>34</b> ft. and <b>28</b> ft. <b>7</b> Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2</b>	
yellow clay with sand				4	18	9 Static water level: <b>12</b> ft. below land surface Date: <b>9/4/75</b>	
clay sand and gravel				18	22	10 Pumping level below land surfaces: ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <b>10</b> g.p.m.	
coarse sand and gravel				22	34	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___	
total						12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> ___ Depth: From <b>3</b> ft. to <b>13</b> ft.	
						14 Nearest source of possible contamination: <b>none</b> ft. <b>100</b> Direction <b>S.E.</b> Type <b>septic s.</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						15 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	
16 Remarks: elevation <b>stab will be installed by customer</b> <b>1012 992</b> Topography: <b>Slope to the east.</b> <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						17 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. <b>Cummins Drilling Co</b> <b>148</b> Business name License No. Address <b>1210 Topoka St</b> Signed <b>Donna Cummins</b> Date <b>8/12/75</b> Authorized representative	

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

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