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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 SHAWNEE	Fraction NE 1/4 NE 1/4 SE 1/4	Section number 15	Township number T 10 S R 15 (21N)	Range number
2. Distance and direction from nearest town or city: 6 mi Nc Topeka			3. Owner of well: Topeka Waste Systems R.R. or street: Building 2704 Supply Depot Forbes AFB City, state, zip code: Topeka, Ks. 66619			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 12 in. Completion date 2-10-79 Well depth 38.5 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		
5. Type and color of material		From		To		
Rubble Fill		0		10'		
Gray Shale		10'		38.5		
Note:				8. Use: <input 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 checked="" type="checkbox"/> Other		
				9. Casing: Material PVC Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 23.5 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. SC480		
				10. Screen: Manufacturer's name Cook Type SC480 PVC slotted 4" Slot/gauze 0.010 Length 15" Set between 23.5 ft. and 38.5 ft. _____ ft. and _____ ft. Gravel pack? YES Size range of material 1/2" - 1/4"		
				11. Static water level: None recorded mo./day/yr. _____ ft. below land surface Date _____		
				12. Pumping level below land surfaces: Observation Well _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade		
				15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 23.5 ft.		
				16. Nearest source of possible contamination: see Note ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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		
18. Elevation: 998.5		19. Remarks: Observation Well - 1A #6		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. Layne-Western Co, Inc. 149 Business name License No. _____ Address 1010 W St 39th K.C. Mo Signed D. D. Ryan Date 2/7/80 Authorized representative		

T 10 S R 15 W NE NE NE SE

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

Form WWC-5