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 Section number Range number Township number County 1. Location of well: NE 1/4 NE 1/4 SW 1/4 SHAWNEE (E)W 2. Distance and direction from nearest town or city: GMI N. TOPEKA 3. Owner of well: TOPEKA WASTO System Sepor R.R. or street: Building 2704 Supply Depor Street address of well location if in city: City, state, zip code: Bore hole dia. 12 Well depth 28 ft. 4. Locate with "X" in section below: Sketch map: 7. __ Cable tool VRotary __ Driven __ Dug _ Hollow rod ___ Jetted Bored ___ Reverse rotary - NW --- - NF - -8. Use: __ Domestic __ Public supply __ Industry __ Irrigation __ Air conditioning __ Oil field water / Other ___ Lawn _ SW _ -9. Casing: Material PLC: Height: Above or below
Threaded ____ Welded ____ Surface ____ i
RMP ____ PVC ____ Weight _____ lbs./t
Dia. Lin. to ____ ft. depth Wall Thickness: inches or - 1 Mile Dia. __ in. to ___ ft. depth gage No. Sch 80 5. Type and color of material 10. Screen: Manufacturer's name Cook Top Soil Type Stotled RV.C. Dia. 4" Slot/gauze 0.0/0 Length _ Gray Brown Clay Brown Limestone Gravel pack? Ves Size range of material_ 11. Static water level: None recorded mo./day/y Gray Shale _____ft, below land surface Date 12. Pumping level below land surfaces: Observation Well Gray Limestone ____ ft. after _____ hrs. pumping __ Gray Shale 19' 19.3 _____ ft. after _____ hrs. pumping __ Estimated maximum yield -__g.p.m Gray Limestone 23 13. Water sample submitted: mo./day/yr Yes ____No Date Stale W Limestra Seams 14. Well head completion: Pitless adapter 12 Inches above grade Gray Limestone 15. Well grouted? Ves With: Neat cement _ Depth: From __O__ ft. to ____ ft. 16. Nearest source of possible contamination: See Note ft. _____ Direction _ Ceachate in the vicinity of wells Well disinfected upon completion? ✓ Not installed 17. Pump: may be a possible source of Manufacturer's name Model number _ Length of drop pipe -__ ft. capacity ____g.p.m. ____ Submersible __ Turbine ____ Jet Reciprocating _ Centrifugal (Use a second sheet if needed) 18. Elevation: 19. Remarks: 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report 1028,0 Observation Well-AA Topogrophy: 3

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

✓ Hill 🖖 __ Slope _ Upland Valley

Form WWC-5