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sent 3-11-76

VJ R

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

WATER WELL RECORD
KSA 82a-1201-1215

ABB

NEW WELLS

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 SHAWNEE	Township name MENOKEN	Fraction SWSWNE	Section number 29	Town number 10-5	Range number 15E
Distance and direction from nearest town or city: 3.5 W, 1/2 S of Elmout, Kans				3 Owner of well: John W. Richardson			
Street address of well location if in city: 624 N.W. 62nd Topeka, Kans				Address: 624 N.W. 62nd Topeka, Kans			
Locate with "X" in section below:		Sketch map:		4 Well depth: 140 ft. Date of completion 3-31-75 Well diameter 8" in.			
				5 <input 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			
2		Type and color of material		From	To	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"/>	
		Top Soil		0	7	7 Casing: Material PVC Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. Diam. 5 in. to 40 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 5 in. to 40 ft. depth	
		yellow clay		3	30	8 Screen: Manufacturer Pumpco Type PVC Dia. 5" Slot/gauze _____ Length 20' Set between 80 ft. and 100 ft.	
		yellow sandy clay		30	48	Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material 1/4"	
		Brown shale		48	73	9 Static water level: Not measured _____ ft. below land surface Date _____	
		yellow limestone		73	78	10 Pumping level below land surfaces: Air Test _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 3 g.p.m.	
		Grey shale		78	96	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
		Grey limestone		96	111	12 Well head completion: Capped <input type="checkbox"/> Pitless adapter 24 <input checked="" type="checkbox"/> inches above grade	
		Grey shale		111	145	13 Well grouted? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.	
		Grey sandy shale		145	155	14 Nearest source of possible contamination: ft. 400 Direction North Type S-T Well disinfected upon completion? <input 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.m.p. 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				17 Water well contractor's certification:			
987' Topography: (180) <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Strader Drilling Co. Inc. #182 Business name _____ License No. _____ Address Bl-75N Holton, Kans. Signed R. Richardson Date 4-8-75 Authorized representative			

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

Form WWC-5

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10 15E 29 SW SW NE