

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

SE NW NE AAC

1. Location of well: County <u>Shoonee</u>		Erection <u>SW 1/4 NE 1/4 NE 7/8</u>		Section number <u>31</u>	Township number <u>T 10 S</u>	Range number <u>R 15 E</u>
2. Distance and direction from nearest town or city: <u>4 N 1 E</u>			3. Owner of well: <u>Eugene Branner</u>			
Street address of well location if in city: <u>KIRO, KS</u>			R.R. or street: <u>7150 NW 54th St</u>			
			City, state, zip code: <u>Topeka, Kan 66618</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>5</u> in. Completion date _____		
				Well depth <u>111</u> ft. <u>8-3-77</u>		
				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		
				8. 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 checked="" type="checkbox"/> Stock		
				<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material				9. Casing: Material <u>PVC</u> Height: Above or below		
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in.		
				RMP <input type="checkbox"/> PVC <u>24</u> Weight <u>2.74</u> lbs./ft.		
				Dia. <u>5</u> in. to <u>111</u> ft. depth Wall Thickness: inches or		
				Dia. _____ in. to _____ ft. depth gage No. <u>258</u>		
				10. Screen: Manufacturer's name _____		
				Type <u>PVC</u> Dia. <u>5"</u>		
				Slot/gauze <u>0.80</u> Length <u>20</u>		
				Set between <u>40</u> ft. and <u>60</u> ft.		
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4/16</u>		
				11. Static water level: _____ mo./day/yr.		
				<u>35</u> ft. below land surface Date <u>8-3-77</u>		
				12. Pumping level below land surfaces: <u>air test</u>		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				Estimated maximum yield <u>70</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr.		
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <u>Top cap</u>		
				<input type="checkbox"/> Pitless adapter <u>24</u> inches above grade		
				15. Well grouted? <u>Yes</u>		
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
				Depth: From <u>5</u> ft. to <u>15</u> ft.		
				16. Nearest source of possible contamination: _____		
				ft. <u>1000</u> Direction <u>NW</u> Type <u>Pond</u>		
				Well disinfected upon completion? <input checked="" 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: <u>948</u>		19. Remarks: <u>owner will construct cement slab around well</u>		20. Water well contractor's certification:		
Topography: <input checked="" type="checkbox"/> Hill		<u>972 pm</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Slope				<u>Stader Dalg Co Inc 182</u>		
<input type="checkbox"/> Upland				Business name _____ License No. _____		
<input type="checkbox"/> Valley				Address <u>Topeka, KS</u>		
				Signed <u>Dale Ashman</u> Date <u>8-5-77</u>		
				Authorized representative		

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

Form WWC-5

BR = 841

▽ = 913