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

WATER WELL RECORD KSA 82a-1201-1215 d

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

					Topeka, Kansas 66620			
	County Fraction			number	Township number Range number]
1. Location of well:	Shawnce	SE 1/4 SE 1/4 SE 1/4		2	T 10	©) R	15 @w	
2. Distance and direction from nearest town or city:								
Street address of well location if in city: 2.7 N - 2 N of City, state, zip code: Toleka, K5 6							0/	
4. Locate with "X" in section below: Sketch map:					6. Bore hole dia. 10 in. Completion date Well depth 100 ft. 9-21-77			
W W	NE 	150 400	's e			ettedBore	d Reverse rotary y Industry ning Stock	,
SW SE X Well X Well				>	9. Casing: Material Property Height: boyd or below Threaded Welded Surface 29 in. RMP PVC Weight 25 Ibs./ft. Dia. Sin. to 200 ft. depth Wall Thickness: inches or			
5. Type and color of material				То	Dia in. to ft. depth gage No			
TOP Soil				4	Type DVC Dia. 5			
Clay BROWN				49	Slgt/gauze : 0 20 Length 10 Set between 50 ft and 60 ft			
Fine sand				52	Gravel pack?S			<u>:</u>
5 hale, grey, Limes Tone, grey				57	11. Static water level:ft. below la		9-21-77	· -
5 hale, grey Limes TONE, grey				100	12. Pumping level belo			
	J.	, 0	1		ft. after	hrs. pumpir	ng g.p.m.	
					Estimated maximum yiel 13. Water sample submi		mo./day/yr	7
			1	1	Yes N	o Date		
					14. Well head completion: CAP Pitless adapter 29 Inches above grade			
					15. Well grouted? Bentonite Concrete Depth: From ft. to ft.			
					16. Nearest source of p	ossible co <u>nt</u> amin	nation:	
	****			ļ	Well disinfected upon o	completion?	Yes No	4 1
					17. Pump: Manufacturer's name _		t installed	10
					Model number Length of drop pipe	HP ft. cap	acity ——g.p.m.	· '.á
					Type: Submersible	_	Turbine	(
(Use a second sheet if needed)					Jet Centrifugal		Reciprocating Other	(4) s
18. Elevation:	19. Remarks:				20. Water well contract This well was drilled ur			Y
Topography: RM OWNER TO INSTAL SIAD WHIII — Slope					is true to the best of my knowledge and belief. STRAGE DRIE W Inc 180 Business name Address #C/TCA K S			
Upland Valley					Signed Authoriz	ed representative	Date <u>9-23</u>	珍

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

Form WWC-5