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)

		5W	1 * "		,	eka, Kansas 66620	
	County Fraction		Section	number	Township number	Range number	
1. Location of well:	Shawnee	ME 1/4 N F 1/4 N E 1/4	18		τ / O s	R 16 C	>w
2. Distance and direc	ction from nearest town or city:	4 N. Topekee 3.00	vner of we	II: Da	S. PARK AV	OURN	,
Street address of well	location if in city: old 7	75 Airmy R.R. City,	or street: state, zip	38:	opeka, 125.	66601	
4. Locate with "X" in N NW S SW S 1	Apx. 30 as	and S Rill		11/25 14. Tor	8. Use: Domestic P Irrigation A Lawn C 9. Casing: Material P Threaded Welded RMP PVC P Dia. J in. to 47 ft. dep Dia. in. to ft. dep 10. Screen: Manufacturers	Driven Dug Bored Reverse ro ublic supply Industry ir conditioning Stock oil field water Other Height Above or below Surface 24 Weight 2:74 lbs. oth Wall Thickness: inches of	_in. ./ft.
	Top Soil		0	6	Type PUC	Dia. 5 "	
4	Black Louin		6	160	Slot gauze 020 Set between 37	_ Length <u>/0'</u>	
Black SII+			16		Gravel pack? YSS Size ro	and	_ft.
	Block Fine Sc	al silty	36		11. Static water level:	mo./day,	
		nd to Pea Grand	37	44	12. Pumping level below lan	d surfaces: Air Test	
			41/4	47	ft. after ft. after		
	Gray State		44	77	Estimated maximum yield —		- 1
				<u> </u>	13. Water sample submitted:	·	/yr.
					Yes X No 14. Well head completion:	Date Cap	_
				<u> </u>		H Inches above grade	.
				-	15. Well grouted?	/	ヿ
					With: X Neat cement		ete
					Depth: From ft. to	e contamination:	
					ft. 300 Direction Well disinfected upon compl	ation? X Yes	<u>د</u>
					17. Pump:	Not installed	
					Manufacturer's name Model number	HP Volts	
					Length of drop pipe		.m.
					Туре:		
			-	-	Submersible Jet	Turbine	na
(Use a second sheet if needed)					Centrifugal	Other	•
18. Elevation: / 030 Topography:	19. Remarks: Owner to in	stoll Slab			20. Water well contractor's This well was drilled under n is true to the best of my know	ny jurisdiction and this repo	art
Hill					Business name	J License I	No.
Slope					Address RT Ho	ITON, KS	_
Upland _ X Valley					Signed Authorized rep	presentative Date	<u>~ 4</u> ~

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

BR = 986

 $\frac{V}{E} = 1000$

Form WWC-5