

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

shown as NW SW 35-10-16,
 elev. 970 on
 Meriden
 topog
 cbb

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

WATER WELL RECORD
 KSA 82a-1201-1215

1. Location of well: County <u>Shawnee</u>		Fraction <u>NW NW SW</u> <u>NE 1/4 NE 1/4 NE 1/4</u>		Section number <u>36 35</u>		Township number <u>T 10</u>		Range number <u>S R 16</u>		<u>EW</u>
2. Distance and direction from nearest town or city: <u>5 NE OF</u> Street address of well location if in city: <u>Topeka</u>				3. Owner of well: <u>SANFORD MILLER</u> R.R. or street: <u>5533 U.riage DR.</u> City, state, zip code: <u>TOPEKA, KS</u>						
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. <u>10</u> in. Completion date: <u>6-6-77</u> Well depth <u>100</u> ft.				
						7. <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				
5. Type and color of material						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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other				
						9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <u>72</u> Weight <u>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>258</u>				
						10. Screen: Manufacturer's name <u>RUMFORD</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauge <u>.020</u> Length <u>10'</u> Set between <u>30</u> ft. and <u>40</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>.030x.060</u>				
						11. Static water level: <u>50</u> ft. below land surface Date <u>6-6-77</u>				
						12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>1/2</u> g.p.m.				
						13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>				
						14. Well head completion: <u>CAP</u> <input type="checkbox"/> Pitless adapter <u>24</u> Inches above grade				
						15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.				
						16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>E</u> Type <u>SEPTIC</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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				
						(Use a second sheet if needed)				
18. Elevation: <u>970</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>OWNER TO INSTAL SLAB</u>			20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>STRAKER Drly. Co Inc</u> <u>182</u> Business name License No. Address <u>RT 1 HOLTON, KS</u> Signed <u>Dale Gahan</u> Date <u>6-7-77</u> Authorized representative					

T 10 R 16 S 36 NE NE NE

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

Form WWC-5