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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Shawnee	Rossville	~~S½-NE¼~~	13	11	13

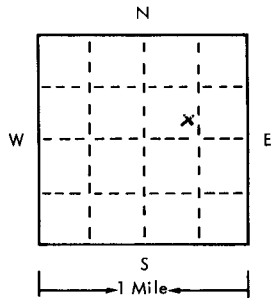
Distance and direction from nearest town or city: 3 W - 1¼ S

Street address of well location if in city: Silver Lake, Ks.

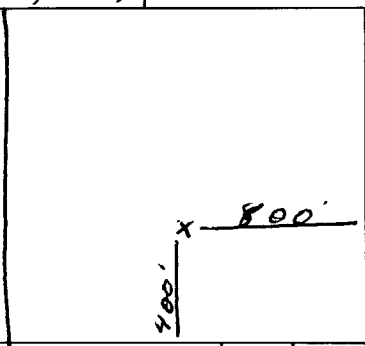
3 Owner of well: Herbert Lee Lambert

Address: RFD 1 Silver Lake, Ks.

Locate with "X" in section below:



Sketch map:



4 Well depth: 75 ft. Date of completion 10-22-75
Well diameter 22 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☐ Public supply ☐ Industry ☒ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐

7 Casing: Material Steel Height: above/~~below~~
Threaded ☐ Welded ☒ Surface 12 in.
Diam. Weight 33.38 lbs./ft.
12 in. to 75 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Sandy Clay	0	20
Coarse Sand	20	29
Brown Clay	29	36
Coarse sand - Med. Gravel - Pea gravel	36	48
Blue Clay	48	60
Coarse Sand - Med. Gravel - Pea Gravel	60	75
Blue Shale	75	80

(use a second sheet if needed)

8 Screen:
Manufacturer Johnson
Type Irrigator Dia. 12"
Slot/~~gauze~~ 100 Length 10'
Set between 65 ft. and 75 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ¼x⅛

9 Static water level:
18 ft. below land surface Date 10-27-75

10 Pumping level below land surfaces:
41 ft. after 4 hrs. pumping 700 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 1400 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion: Capped
☐ Pitless adapter 12 ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☐ Neat cement ☒ Bentonite ☐
Depth: From 0 ft. to 20 ft.

14 Nearest source of possible contamination:
ft. 800 Direction S Type S. Tank
Well disinfected upon completion? ☐ Yes ☒ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation
910 well slab by owner

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ Valley

17 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.
Strader Drlg. Co Inc 182
Business name License No.
Address RT 1 Holton Ks
Signed Dale Ashrem Date 10-29-75
Authorized representative

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

Form WWC-5

BR = 835 ▽ = 892

677-H

11 13E 13 S½ NE