USE TYPEWRITER OR BALL POINT PENTRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215

uci.

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

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

1 Location of well:	Shawner	Township name	Fraction 5	N NVI	Section	n number	Town number Range number	
Stance and direction from nearest town or city: 3 Owner of well:								
Street address of well location if in city:					Smith, Lester Address: Route 8 Topeka, Kansas 66604			
Locate with "X" in section below: Sketch map:							4 Well depth: $\frac{50}{10}$ ft. Date of completion $\frac{3/10}{10}$ /	/76
 							5 A Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well Thereaded Welded Surface in. Diam. Weight 200 bs./ft. In to ft. depth Drive shoe? Yes No	
2	•	and color of material			From	То	in. to \ ft. depth	
Top Soil					0	3	8 Screen: Manufacturer	
Brown Clay with fine sand					3	15	Slot/gauze Length _20 Set between 30 ft, and 50 ft	
Yellow coarse sand and gravel					15	2 3_	Gravel pack X Yes No Size range of material	
Coarse gravel					23	28	9 Static water level:	
Gray Shale					28	31	10 Pumping level below land surfaces: ft. after hrs. pumping g.p.m.	
White Lime					31	35	ft. afterhrs. pumping g.p.m.	
Sand and white Shale					35	50	11 Water sample submitted:	.\
							12 Well head completion: 13 th above grade	3
							13 Well grouted? X Yes No X Neat cement Bentonite Depth: From ft. to ft.	
							14 Nearest source of possible contamination: ft. 30 Direction S.W. Type Well Well disinfected upon completion? X Yes No	M
							15 Pump: X Not installed Manufacturer's name Model number HP Volts	
							Length of drop pipe ft. capacity g.m.p. Type:	1
	(use	a second sheet if needed)					Submersible	6
Slab to be installed by the customer. G S							17 Water well contractor's certification: This well was drilled under my jurisdiction and this aport is true to the best of my knowledge and belief. Support is true to the best of my knowledge and belief. Business name Authorized representative	WANDSW

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

Form WWC-5