

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

WATER WELL RECORD
KSA 82a-1201-1215

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

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

ADA

1 Location of well:	County Wabaunsee	Township name	Fraction NE SE SE NE	Section number 22	Town number T 11 S	Range number R 13 E
Distance and direction from nearest town or city:			3 Owner of well: Graves, Don			
Street address of well location if in city:			Address: Rural Route 8 Topeka, Ks.			
Locate with "X" in section below: N W E S 1 Mile			Sketch map:		4 Well depth: <u>70</u> ft. Date of completion <u>10/17/75</u> Well diameter <u>10</u> in.	
2 Type and color of material			From		To	
			Top Soil		0 3	
			Brown Clay with Fine Sand		3 10	
			Yellow Clay		10 23	
			Yellow Clay and Coarse Gravel		23 26	
			Gray Shale with coarse sand		26 29	
			Lime Rock		29 31	
			Gray Shale		31 45	
			White Shale		45 52	
			Lime Rock		52 59	
Gray Shale		59 68				
Lime Rock		68 70				
					5 <input checked="" type="checkbox"/> Cable tool <input 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	
					6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
					7 Casing: Material <u>PVC</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Diam. <u>5</u> in. to <u>32</u> ft. depth Weight <u>200</u> lbs./ft. <u>5</u> in. to <u>32</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					8 Screen: Manufacturer <u>Modern Pipe</u> Type <u>PVC</u> Dia. <u>5 inches</u> Slot/gauze <u>1/4</u> Length <u>20 Feet</u> Set between <u>32</u> ft. and <u>70</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4</u>	
					9 Static water level: <u>26</u> ft. below land surface Date <u>10/17/75</u>	
					10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>1 1/2</u> g.p.m.	
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>3</u> ft. to <u>13</u> ft.	
					14 Nearest source of possible contamination: ft. <u>20</u> Direction <u>East</u> Type <u>Ditch</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Pumpco</u> Model number <u>102S36</u> HP <u>1/3</u> Volts <u>230</u> Length of drop pipe <u>64</u> ft. capacity <u>7</u> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
16 Remarks: elevation <u>958</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			Concrete slab to be installed by customer at surface of ground. He knows this is a regulation.		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. <i>Christina Dilling</i> Business name <u>Christina Dilling</u> License No. <u>148</u> Address <u>1120 S. Topeka</u> Signature <i>Christina Dilling</i> date <u>11/24/75</u> Authorized representative	

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

Form WWC-5

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11S 13E 22 SE NE NE