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

WATER WELL RECORD
KSA 82a-1201-1215

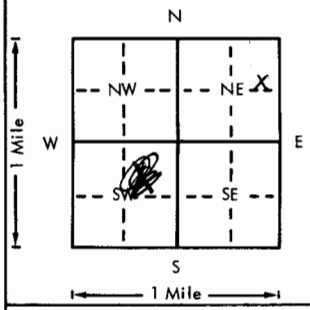
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SHAWNEE	~~SE~~ NE ~~NE~~ 1/4 NW 1/4 ~~SW~~ 1/4	16	T 11 S	R 14 E/W

2. Distance and direction from nearest town or city: SILVE LAKE
Street address of well location if in city: 118 CENTER

3. Owner of well: MR. HOWARD LINSEY
R.R. or street: 118 CENTER DR.
City, state, zip code: SILVER LAKE 66539

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Top Soil	0	3
SILT SAND	3	10
BROWN CLAY + SAND	10	14
SAND FINE	14	24
SAND + CLAY GRAY	24	36
" " GRAVEL	36	42
in Kaw River Valley		

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date 6/14/79
Well depth 42 ft.

7. ✓ Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
✓ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material _____ Height: Above or below
Threaded ___ Welded ___ Surface 24 in.
RMP ✓ PVC ___ Weight 200 lbs./ft.
Dia. 5" in. to 42 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

10. Screen: Manufacturer's name SUNELOWER
Type STL ✓ Dia. 5"
Slot/gauze ✓ Length 5'
Set between 37 ft. and 42 ft.
___ ft. and ___ ft.
Gravel pack? ✓ Size range of material 1/4"

11. Static water level:
25 ft. below land surface Date 6/14/79 (mo./day/yr.)

12. Pumping level below land surfaces:
25 ft. after 2 hrs. pumping 16 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 40 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes ✓ No Date ___

14. Well head completion:
___ Pitless adapter 13 Inches above grade

15. Well grouted? ✓
With: ✓ Neat cement ___ Bentonite ___ Concrete
Depth: From 3 ft. to 14 ft.

16. Nearest source of possible contamination:
ft. 20 Direction NW Type SEWER
Well disinfected upon completion? ✓ Yes ___ No

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

T 11 R 14 E/W Sec 15 1/4 SW 1/4 NW 1/4 SW 1/4

18. Elevation: 910
Topography:
___ Hill
___ Slope
___ Upland
___ Valley

19. Remarks:

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.
H.L. PETTIT 333
Business name License No.
Address 905 N MICHIGAN
Signed H. L. Pettit Date 6/14/79
Authorized representative

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

Form WWC-5

BR < 868 ▽ = 885

MI-1023