j: 201

yd

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

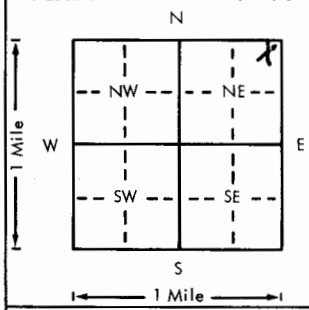
SE BCD

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

2. Distance and direction from nearest town or city: 1/2 N 1.5 E
Street address of well location if in city: OF Silver Lake

3. Owner of well: John Rowe
~~R.R.~~ or street: 3430 Twilight Dr.
City, state, zip code: Topeka, KS 66601

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 10 in. Completion date 3-11-77
Well depth 190 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 PVC Height: (Above) or below
Threaded ___ Welded ___ Surface 24 in.
RMP ___ PVC 96 Weight 2.58 lbs./ft.
Dia. 5 in. to 190 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. ~~.224~~ .258

5. Type and color of material	From	To
Top soil	0	4
Clay, yellow	4	12
Limestone, gray	12	15
Shale, gray	15	110
Sandstone, gray	110	120
Shale, gray	120	190

(Use a second sheet if needed)

10. Screen: Manufacturer's name Pumco
Type PVC Dia. 5
Slot/gauze .060 Length 60
Set between 80 ft. and 190 ft.
___ ft. and ___ ft.
Gravel pack? ✓ Size range of material 1/4 x 1/8

11. Static water level: mo./day/yr.
50 ft. below land surface Date 3-11-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 10 g.p.m.

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

14. Well head completion: CAP
__ Pitless adapter 24 Inches above grade

15. Well grouted? ✓
With: ✓ Neat cement __ Bentonite __ Concrete
Depth: From 5 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. 100 Direction S Type DRAINAGE
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 11 1/4 NE 1/4 NE 1/4

18. Elevation: 944 Rx
Topography:
__ Hill
✓ Slope
__ Upland
__ Valley

19. Remarks: owner will install slab

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.
Strader Drlg Co Inc 182
Business name License No.
Address RT 1 Holton, KS
Signed Dale Ashton Date 9-14-79
Authorized representative

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

Form WWC-5

MI-1023