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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

EBA?

1. Location of well: County **SHAWNEE** Fraction **NW NW SE 1/4 SE 1/4 SE 1/4** Section number **15** Township number **T 11 S R 14 E** Range number

2. Distance and direction from nearest town or city: Street address of well location if in city: **410 APOLLO**

3. Owner of well: **MR. EDWARD MICHOUDE**
R.R. or street: **410 APOLLO ST**
City, state, zip code: **SILVER LAKE KAN 66539**

4. Locate with "X" in section below: Sketch map:

6. Bore hole dia. **5** in. Completion date **10-27-78**
Well depth **41** 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 **StPVC** Height: Above or below
Threaded Welded Surface **14** in.
RMP PVC Weight **200** lbs./ft.
Dia. **5** in. to **41** ft. depth Wall Thickness: inches or
Dia. **5** in. to **41** ft. depth Page No. **200**

| 5. Type and color of material | From | To |
|-------------------------------|------|----|
| Top Soil | 0 | 2' |
| Light Brown Silt | 2 | 6 |
| Brown + Black Soil | 6 | 12 |
| SAND | 12 | 34 |
| " + GRAVEL | 34 | 41 |

10. Screen: Manufacturer's name **SUNFLOWER**
Type **RMP** Dia. **5"**
Slot/gauze **1/4"** Length **5'**
Set between **10** ft. and **36** ft.
Gravel pack? Size range of material **1/4"**

11. Static water level: **25** ft. below land surface Date **10-26-78**

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 **35** g.p.m.

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

14. Well head completion:
 Pitless adapter **12** inches above grade

15. Well grouted?
With: Neat cement Bentonite Concrete
Depth: From **0** ft. to **10** ft.

16. Nearest source of possible contamination:
ft. **50** Direction **NE** Type **SEW.**
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

18. Elevation: **912**
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 **10-31-78**
Authorized representative

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15
SE NW NW
1/4 1/4 1/4

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

Form WWC-5

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