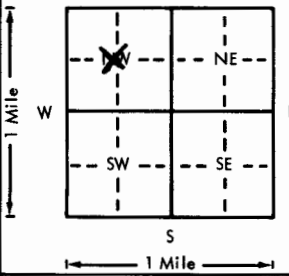



206 ✓

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 Shawnee	Fraction Center of NW/4	Section number 16	Township number T 11 S	Range number R 14 E/W
2. Distance and direction from nearest town or city: 1 mile SW of Silver Lake, Kansas Street address of well location if in city:		3. Owner of well: Frank Dougan R.R. or street: 2801 Plass St. City, state, zip code: Topeka, Ks. 66611			
4. Locate with "X" in section below: 		Sketch map: 		6. Bore hole dia. 32 in. Completion date 2-15-76 Well depth 59 ft.	
5. Type and color of material		From	To	7. <input 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 checked="" type="checkbox"/> Reverse rotary	
Top soil		0	6	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Small brown gravel		6	8	9. Casing: Material transite Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP clamp PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 16 in. to 20 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 7/8	
Medium brown sand		8	11	10. Screen: Manufacturer's name Johnson Well Co. Type transite Dia. 16 Slot/gauze 1/8x8" Length 39 Set between 59 ft. and 20 ft. 59 ft. and 20 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 5/8	
Medium brown gravel		11	12	11. Static water level: 12 ft. below land surface Date 2-18-76 mo./day/yr.	
Medium brown sand		12	14	12. Pumping level below land surfaces: 16 ft. after 1 hrs. pumping 1200 g.p.m. 20 ft. after 3 hrs. pumping 1200 g.p.m. Estimated maximum yield 2500 g.p.m.	
Medium brown gravel		14	23	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.	
Medium brown sand		23	25	14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
Small brown gravel		25	28	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
Medium brown gravel		28	59	16. Nearest source of possible contamination: Old Ks. ft. 2000' Direction East Type river channel Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Stopped large rock		59		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
(Use a second sheet if needed)				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. Hoobler XXXXXXXXXXXX Drilling Co. Business name _____ License No. 323 Address St. Marys, Ks. Signed Dan Hoobler Date 1-20-76 Authorized representative	
18. Elevation: 902_{pm} Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: Well is located in center of 1/4 for center pivot irrigation system.				

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

Form WWC-5