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

WATER WELL RECORD
KSA 82a-1201-1215

ABB

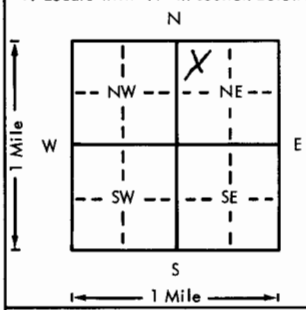
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Shawnee	NW 1/4 NW 1/4 NE 1/4	17	T 11 S	R 14 E/W

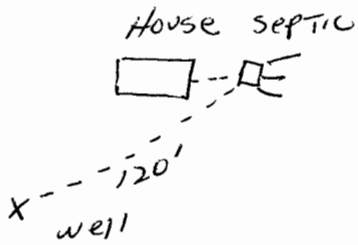
2. Distance and direction from nearest town or city: 1.5 SW OF
Street address of well location if in city: Silver Lake

3. Owner of well: A. T. Anderson
R.R. or street:
City, state, zip code: Silver Lake

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 10 in. Completion date
Well depth 50 ft. 6-3-77

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 29 in.
RMP ___ PVC 9L Weight 2.58 lbs./ft.
Dia. 5 in. to 50 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. [redacted].258

5. Type and color of material	From	To
Top Soil	0	6
Clay, Brown, Sandy	6	37
Gravel	37	50
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Pumpco
Type PVC Dia. 5
Slot/gauze .020 Length 10
Set between 40 ft. and 50 ft.
___ ft. and ___ ft.
Gravel pack? ✓ Size range of material .030/.060

11. Static water level: mo./day/yr.
20 ft. below land surface Date 6-3-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 100 g.p.m.

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

14. Well head completion: CAP
__ Pitless adapter 29 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. 120 Direction NE Type Septic
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: 910
Topography:
__ Hill
__ Slope
__ Upland
✓ Valley

19. Remarks:
OWNER TO INSTAL 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 RT1 Holton, KS
Signed Dale Ashren Date 6-6-77
Authorized representative

T 11 R 14 W Sec 17 1/4 1/4 1/4 NW NW NE

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

Form WWC-5

BR < 860 ▽ = 890

MI-1023