39

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

WATER WELL RECORD
KSA 82a-1201-1215

AAA

NE NE NE

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

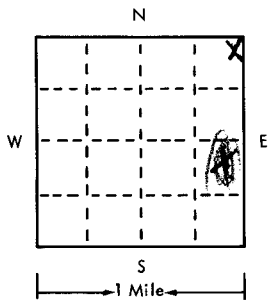
1 Location of well: County	Township name	Fraction	Section number	Town number	Range number
Shawnee		NE 1/4 - NE 1/4 SE 1/4	3 10	11	15

Distance and direction from nearest town or city: 2 N of Topeka

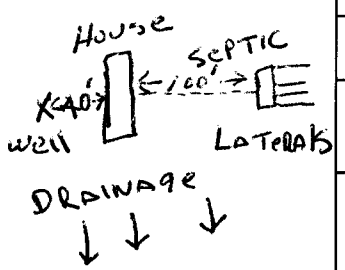
Street address of well location if in city: NE 1/4 of NE 1/4 - SE 1/4

3 Owner of well: Rex Moyer
Address: 4043 N.W. 39th Topeka, Kansas

Locate with "X" in section below:



Sketch map:



4 Well depth: 77 ft. Date of completion 10-6-75
Well diameter 10 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐

7 Casing: Material PVC Height: above/~~below~~
Threaded ☐ Welded ☐ Surface 24 in.
Diam. 5 in. to 77 ft. depth Weight 2.33 lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☒ No

2

Type and color of material	From	To
Top Soil	0	3
yellow clay	3	50
Sand & Gravel	50	65
Blue Shale	65	77

(use a second sheet if needed)

8 Screen:
Manufacturer Pump co
Type PVC Dia. 5"
Slot/~~gauze~~ .025 Length 15
Set between 55 ft. and 70 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4 x 1/8

9 Static water level: Not Measured
47 ft. below land surface Date 10-6-75 MNC

10 Pumping level below land surfaces: Air Test
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 15 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion: C. Capped
☐ Pitless adapter 24 ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 100' Direction W Type S. Tank
Well disinfected upon completion? ☒ Yes ☐ No

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

16 Remarks: elevation
960' owner will install slab

Topography:
☐ Hill
☒ Slope
☐ Upland
☐ Valley

17 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.
Stamper Drlg Co Inc 182
Business name License No.
Address RFD 1 Holton Ks
Signed [signature] Date 10-7-75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

BR = 895 ▽ = 913

11 15E 10 NE NE SE