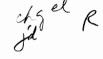
WATER WELL RECORD KSA 82a-1201-1215



161

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

9	50 <u> </u>	Topeka, Nansas 60020
X. Location of well: 1 Fraction NW	Section num	ber Township number Range number
Shaunee 500 1/4 5 W 1/4		T // S R /5 (E)W
Street address of well location if in citys 1/4 bo	. or street: 46	MIKE ETZEL 20 N.W. Huxman Rd. Topeka, Ks. 66618
X Locate with "X" in section below: Sketch map:		6. Bore hole dig. 12 in. Completion date
/\ N		Well depth 80 ft. 8-21-79
- NW NE- well House	SePTIC	7 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary
= X150 HOUSE	I	8. Use: Domestic Public supply Industry Irrigation Air conditioning Stock Lawn Oil field water Other
X   SW SE	•	9. Casing: Material PVC Height: Above or below Threaded Welded Surface 7 in.
S 1 Mile ——→1		RMPPVC 94Weight 3.82_lbs./ft. Dia.5_in. to 80ft. depth Wall Thickness: inches or
5. Type and color of material	From	To Diain. to ft. depth gage No 259
		10. Screen: Manufacturer's name
TOP SOIL	0 5	
Clay, brown	5 5	Set between 40 ft. and 60 ft.
Course Sand, water bearing	50 5	
Shale, grey	538	0 11. Static water level: 50 ft. below land surface Date 8-2/-77
		12. Pumping level below land surfaces: ft. after hrs. pumping g.p.m.
		ft. after hrs. pumping g.p.m.
		Estimated maximum yieldg.p.m.  13. Water sample submitted:mo./day/yr.
		Yes No Date
		14. Well head completion: A P Pitless adapter Inches above grade
		15. Well groyted? Bentonite Concrete
		Depth: From O ft. to o ft.
		16. Nearest source of possible contamination Seption Type
	,	Well disinfected upon completion? Yes No
		17. Pump:  Manufacturer's name
,		Model number HP Volts Length of drop pipe ft. capacity g.p.m.
		Туре:
		Submersible Turbine Reciprocating
(Use a second sheet if needed)		Centrifugal Other
18. Elevation: 19. Remarks:		Water well contractor's certification:     This well was drilled under my jurisdiction and this report
Topography: DWNet TO INSTAIL SUB		is true to the best of my knowledge and belief.
—— HIII		STRAGER ORLG 6 182  Business name License No.
SlopeUpland		Address Hollon   Saksen 3-23-89
Valley		Signed Authorized representative Date

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

RR = 902

Z = 905

Form WWC-5