

USE TYPEWRITER OR BALL
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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 NE 1/4 SE 1/4 SE 1/4	Section number 15	Township number T 11	Range number S R 15E		E/W
2. Distance and direction from nearest town or city: 1 1/4 Mi. North of City Limits			3. Owner of well: State of Kansas				
Street address of well location if in city:			R.R. or street: State Office Bldg				
			City, state, zip code: Topeka, Kansas				
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. 10 in. Completion date _____		
<p style="text-align: center;">Well location as shown on the plans Sta. 172+75 6' Lt. centerline north bound US 75.</p>			Well depth _____ ft.		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 checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
			8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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			9. Casing: Material Galv. Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____		
Water well completed in alluvial sands of Kansas					Type _____ Dia. _____		
River Valley. This water well was drilled with					Slot/gauze _____ Length _____		
a bucket auger and had a 10" galv. casing in it.					Set between _____ ft. and _____ ft. _____ ft. and _____ ft.		
The casing was cut off 3 foot below ground surface					Gravel pack? _____ Size range of material _____		
and filled with sand up to 3 ft of top and the					11. Static water level: unobtainable mo./day/yr. _____ ft. below land surface Date _____		
last 3 foot with concrete November 23, 1976					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
according to State Statutes.					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
					15. Well grouted? no With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.		
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
					17. Pump: _____ 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		
18. Elevation:			19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			Water well was obtained when right of way was bought for Highway 75 construction.		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
			(Use a second sheet if needed)		Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative		