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

ADB WATER WELL RECORD KSA 82a-1201-1215
NW SE NE

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

| | | | | | | | |
|---|--|---|---|--|---------------------------------|--|-----|
| 1. Location of well: | | County Shawnee | Fraction ctr. of SE 1/4 NW 1/4 | Section number 15 | Township number T 11S | Range number S R 15E | E/W |
| 2. Distance and direction from nearest town or city 1 1/4 mi. West of Topeka, Ks. & Brickyard Rd. on N.W. 25th St. Street address of well location if in city: | | | | 3. Owner of well: Clayton Cochran R.R. or street: R. R. # 6 City, state, zip code: Topeka, Kansas | | | |
| 4. Locate with "X" in section below: N W E S 1 Mile | | | | Sketch map: | | 6. Bore hole dia. 30 in. Completion date 6-18-77 Well depth 50 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 | |
| Hard brown clayey 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 | |
| Soft brown clayey soil | | | | 6 | 25 | 9. Casing: Material steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 16 in. to 30 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 219 w.t. | |
| Small to med. brown gravel & brown clay | | | | 25 | 26 | 10. Screens: Manufacturer's name Free Flo W. A. Brown Enterprises Type steel Dia. 16" Slot/gauze 3/4 x 4 Length 20' Set between 30 ft. and 50 ft. Gravel pack? yes Size range of material 1/8-1/4" | |
| Small to med. brown gravel | | | | 26 | 28 | 11. Static water level: _____ mo./day/yr. 32 ft. below land surface Date 6-18-77 | |
| Med. brown gravel | | | | 28 | 42 | 12. Pumping level below land surfaces: 36 ft. after 1 hrs. pumping 250 g.p.m. 42 ft. after 3 hrs. pumping 900 g.p.m. Estimated maximum yield 1100 g.p.m. | |
| Med. to large brown gravel | | | | 42 | 46 | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ | |
| Med. to large gray gravel | | | | 46 | 50 | 14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade | |
| Gray shale-stopped. | | | | 50 | | 15. Well grouted? yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft. | |
| | | | | | | 16. Nearest source of possible contamination: Soldier ft. 660 Direction north Type Creek Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | | | | | 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 | |
| | | | | | | 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 Drilling Co. 323 Business name _____ License No. _____ Address St. Marys, Ks. 66536 Signed Ray Hoobler Date 7-13-77 Authorized representative | |
| 18. Elevation: 895 Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley | | 19. Remarks: We do not install pumps. | | | | | |

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

Form WWC-5

BR = 840

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