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

WATER WELL RECORD
KSA 82a-1201-1215

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

dba DBB

1. Location of well:	County SHAWNEE	Fraction ^{1/4} SW NW ^{1/4} SE NE ^{1/4} SW SE ^{1/4}	Section number 15	Township number T 11 S R 15 E 10	
2. Distance and direction from nearest town or city:	N.W. TOPEKA 6 MILES		Owner of well: JOE COCRAN		
Street address of well location if in city:	OLD HY 24 W.		R.R. or street: RFD-6 City, state, zip code: TOPEKA, KAN-66618		
4. Locate with "X" in section below:	Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>9-8-76</u> Well depth <u>48</u> 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		
5. Type and color of material	From	To	9. Casing: Material _____ Height: Above ground <u>water</u> Threaded _____ Welded _____ Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>48</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>300</u>		
BLACK top soil	0	6	<input checked="" type="checkbox"/> Screen: Manufacturer's name <u>SUN FLOWER</u> Type <u>STYRENE</u> Dia. <u>5"</u> Slot/gauge <u>1/4"</u> Length <u>5'</u> Set between 43 <u>43</u> ft. and <u>48</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4"</u>		
DARK BROWN SOIL	6	12	11. Static water level: _____ mo./day/yr. <u>34</u> ft. below land surface Date <u>9-8-76</u>		
HARD PAN DARK GRAY	12	18	12. Pumping level below land surfaces: <u>34</u> ft. after <u>6</u> hrs. pumping <u>16</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.		
LIGHT BROWN SOIL	18	22	<input checked="" type="checkbox"/> Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
SILT SAND GRAY	22	34	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> inches above grade		
SAND + GRAVEL	34	48	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From 104 <u>14</u> ft. to <u>14</u> ft.		
			16. Nearest source of possible contamination: ft. <u>60</u> Direction <u>S. TANKS S.W.</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: _____ Not installed Manufacturer's name <u>GAULDS</u> Model number <u>7EH</u> HP <u>1/2</u> Volts <u>115</u> Length of drop pipe <u>42</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ Other _____		
(Use a second sheet if needed)			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. <u>H.L. POTTIT 333</u> Business name _____ License No. _____ Address <u>905 N MICHIGAN</u> Signed <u>H.L. POTTIT</u> Date <u>9-11-76</u> Authorized representative		
18. Elevation: <u>894</u> <i>Rev</i>	19. Remarks: OWNER WELL PUT SLAB AROUND WELL.				

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

Form WWC-5