

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

1. Location of well:	County Shawnee	Fraction NE 1/4 SE 1/4 SE 1/4	Section number 15	Township number T 11 S	Range number R 15E
2. Distance and direction from nearest town or city: 1 1/2 Mi. North of City Limits			3. Owner of well: State of Kansas State Office Bldg. Topeka, Kansas		
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Sketch map:</p> </div> <div> <p>Well location as shown on the plans station 177+75 8' right of N.B. centerline.</p> </div> </div>			6. Bore hole dia. 4 in. Completion date _____ Well depth _____ ft.		
5. Type and color of material			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		
<p>Water well completed in alluvial sands of Kansas River Valley. This water well was drilled with a bucket auger and had 4 inch tile in it. In March 1976 the well depth was 17.8 feet and partially filled. The top of the well is in an old basement and is 7 feet below natural ground level. The well was filled with sand from 17.8 feet up to 3.0 ft. The top 3.0 feet was filled with neet cement April 12, 1976, according to State Statutes.</p> <p>Wayne Luallin, Resident Engineer Kansas Department of Transportation</p> <p>(Use a second sheet if needed)</p>			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 Tile Height: 7 feet 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. _____		
			10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
			11. Static water level: unobtainable mo./day/yr. _____ ft. below land surface Date _____		
			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.		
			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: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: Water well was obtained when right of way was bought for Highway 75 construction therefore detailed completion records not known to Kansas Department of Transportation.		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. Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative		