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

WATER WELL RECORD
KSA 82a-1201-1215

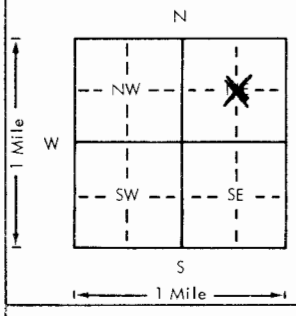
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Shawnee	Ctr 1/4 of ~~XXX~~ NE 1/4	18	T 11 S	R 15 E/W

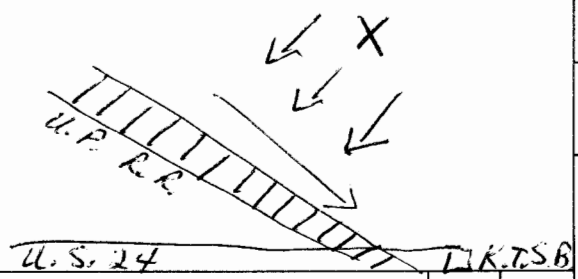
2. Distance and direction from nearest town or city: 1/4 mi. North of K.T.S.B. TV on ~~NW~~ U. S. 24.
Street address of well location if in city:

3. Owner of well: Samuel D. Landis
R.R. or street: R. R. # 6
City, state, zip code: Topeka, Ks. 66608

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia 30 MHC Completion date 3-9-77
Well depth 50 ft.

7. __ Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored X Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
X Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material Trans Height: (Above) or below
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 16 in. to 24 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 7/8

5. Type and color of material	From	To
Black gumbo	0	7
Lt. brown sandstone	7	26
Small to med. green gravel	26	39
Med. to large green gravel	39	50
Gray shale-stopped.	50	

(Use a second sheet if needed)

10. Screen: Manufacturer's name Johnson Well Co.
Type Transite Dia. 16"
(Slot) gauze 1/8x8 Length 26'
Set between 50 ft. and 24 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 5/8

11. Static water level: mo./day/yr.
22 ft. below land surface Date 12-4-76

12. Pumping level below land surfaces:
35 ft. after 1 hrs. pumping 500 g.p.m.
45 ft. after 3 hrs. pumping 700 g.p.m.
Estimated maximum yield 700 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date ___

14. Well head completion:
___ Pitless adapter ___ Inches above grade

15. Well grouted? yes
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 1250' Direction North Type Creek
Well disinfected upon completion? ___ Yes X No

17. Pump: ___ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

T 11 R 15 W Sec 18 1/4 1/4 1/4 1/4 NE

18. Elevation:
Topography:
___ Hill
___ Slope
___ Upland
X Valley

19. Remarks: We do not install pumps.
Set up for center pivot irrigation.

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 Don Hoobler Date 3-14-77
Authorized representative

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

Form WWC-5

BR = 840 V = 868