

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

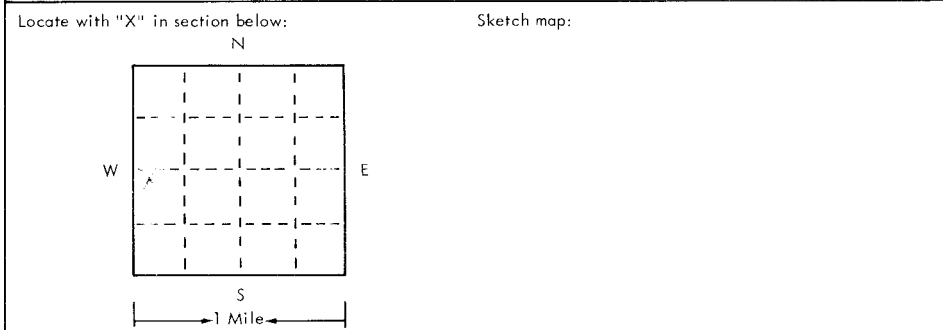
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Farbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Shawnee	Township name Menoken	Fraction Nw1/4	Section number 21	Town number T11S	Range number R15E
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Distance and direction from nearest town or city:	3 Owner of well: Meier, Tony
Street address of well location if in city:	Address: 5939 N.W. 17th Topeka, Ks.



4 Well depth: 42 ft. Date of completion 5/6/75
Well diameter 5 in.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well

7 Casing: Material steel Height: above/below
Threaded Welded Surface 14 in.
Diam. Weight 13 lbs./ft.
___ in. to ___ ft. depth Drive shoe? Yes No
___ in. to ___ ft. depth

2	Type and color of material	From	To
	Top soil	0	4
	Brown Clay	4	15
	Quick Sand	15	30
	Coarse Sand	30	35
	Pea-sized Gravel	35	42
	Total Depth 42 ft.		

8 Screen:
Manufacturer S & G Metals
Type Steel Dia. 6 5/8
Slot/gauze 1/4" holes 4'
Set between 39 ft. and 42 ft.
Fittings:
Gravel pack Yes No Size range of material 20

9 Static water level:
20 ft. below land surface Date 5/6/75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 48 g.p.m.

11 Water sample submitted:
 Yes No Date ___

12 Well head completion:
 Pitless adapter Inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite
Depth: From 3 ft. to 13 ft.

14 Nearest source of possible contamination:
ft. 75 Direction East Type septic
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name Gould
Model number 10BJ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation 55

Topography:
 Hill
 Slope
 Upland
 Valley

17 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 5/6/75
Authorized representative

BR < 913

▽ = 935