√ 123 SL

chg loc. JD

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

BCC

SW ~~SE~~ NW

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

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Shawnee		~~SE SE SW~~	22	T11S	R15E

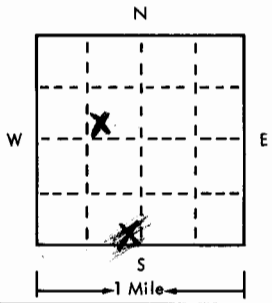
X Distance and direction from nearest town or city:

Street address of well location if in city: in Topeka

3 Owner of well: Bower, Robert G.
Address: 5222 N.W. 17th
Topeka, Kansas

Locate with "X" in section below:

Sketch map:



4 Well depth: 43 ft. Date of completion 12/30/75
Well diameter 10 in.

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

6 Use: [X] Domestic [ ] Public supply [ ] Industry
[ ] Irrigation [ ] Air conditioning [ ] Commercial
[ ] Test well [ ] _____

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

X Screen:
Manufacturer Steel Pipe & Supply
Type Steel Dia. 6 5/8
Slot/gauze 5" hole Length X 4 feet
Set between X 40 ft. and X 43 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 1/8

2 Type and color of material	From	To
Top Soil	0	2
Gray Clay with Sand	2	15
Brown Clay	15	20
Quick Sand	20	37
Sand with Gravel	37	39
Coarse Gravel	39	43
(use a second sheet if needed)		

9 Static water level:
19 ft. below land surface Date 12/30/75

10 Pumping level below land surfaces:
19 ft. after 19 hrs. pumping 30 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 30 g.p.m.

11 Water sample submitted:
[ ] Yes [X] No Date _____

12 Well head completion:
[X] Pitless adapter [ ] Inches above grade

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

14 Nearest source of possible contamination:
ft. 70 Direction North Type Septic
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [X] Not installed
Manufacturer's name Red Jacket
Model number _____ HP 1/3 Volts 110
Length of drop pipe 35 ft. capacity 7 g.m.p.
Type:
[ ] Submersible [ ] Turbine
[X] Jet [ ] Reciprocating
[ ] Certrifugal [ ] Other

16 Remarks: elevation ~886 pm

Slab to be installed by customer

Topography:
[ ] Hill
[ ] Slope
[ ] Upland
[X] Valley

X 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

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

11-28-79 This may have been drilled by Cummings - which no longer drills wells