

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 SE 1/4 SE 1/4 SE 1/4	Section number 16	Township number T 11 S R 15 EW	Range number
2. Distance and direction from nearest town or city: 4 NW of			3. Owner of well: CHARLES G. ...			
Street address of well location if in city: TOPEKA			R.R. or street: 2324 S.W. 23rd			
			City, state, zip code: TOPEKA, KS			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 10 in. Completion date _____		
				Well depth 58 ft. 5-28-77		
				7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input 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		
				9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC 72 Weight 2.50 lbs./ft. Dia. 5 in. to 58 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. 200-458		
5. Type and color of material		From	To	10. Screen: Manufacturer's name _____		
TOP SOIL		0	6	Type FLK Dia. 5		
Clay		6	35	Size/gauze 20 Length 10		
Fine sand		35	45	Set between 45 ft. and 28 ft.		
GRAVEL		45	58	Gravel pack? <input checked="" type="checkbox"/> Size range of material 0.3-1.0		
				11. Static water level: _____ mo./day/yr. 20 ft. below land surface Date 5-25-77		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: CAF <input type="checkbox"/> Pitless adapter 29 inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 12 ft.		
				16. Nearest source of possible contamination: ft. 100 Direction N Type SEPTIC Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name JACOBS Model number _____ HP _____ Volts 20 Length of drop pipe 45 ft. capacity _____ g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				(Use a second sheet if needed)		
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		OWNER TO INSTALL SLAB		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Stanley Dairy Co Inc 183 Business name _____ License No. _____ Address 211 Holton 155 Signed Dale Colman Date 5-27-77 Authorized representative		

T 11 S R 15 EW

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

Form WWC-5

ER < 834

V = 812