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Sent 7-18-77

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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

SE DAD

1. Location of well: County **Shawnee** Fraction **NE SE** Section number **24** Township number **11** Range number **15** *ENW*

2. Distance and direction from nearest town or city: Street address of well location if in city: **1719 Lower S. L. Rd.** 3. Owner of well: **Raymond S. Meier** R.R. or street: **2525 Lower Silver Lake Rd.** City, state, zip code: **Topeka, Kansas 66618**

4. Locate with "X" in section below: *Lower Silver Lake Rd* *Bank* *C.G.F. Elevator* *Skinner* *15*

6. Bore hole dia. **30** in. Completion date **6-6-77** Well depth **58** ft.

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

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

9. Casing: Material **Transite** Height: (Above or below surface) **12** in. Threaded Welded RMP PVC Weight lbs./ft. Dia. **16** in. to **32** ft. depth Wall Thickness: inches or Dia. in. to ft. depth gage No. **75**

10. Screen: Manufacturer's name **Johnson Well Co.** Type **Transite** Dia. **16**" Slot/auge **1/8 x 8** Length **26'** Set between **32** ft. and **58** ft. Gravel pack? **yes** Size range of material **1/8-1/4"**

11. Static water level: **37** ft. below land surface Date **6-6-77** mo./day/yr.

12. Pumping level below land surfaces: **47** ft. after **1** hrs. pumping **700** g.p.m. **52** ft. after **3** hrs. pumping **1000** g.p.m. Estimated maximum yield **1200** g.p.m.

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

14. Well head completion: Pitless adapter _____ inches above grade

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

16. Nearest source of possible contamination: ft. **600** Direction **north** Type **City sewer line** Well disinfected upon completion? Yes 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

18. Elevation: **880** Topography: Hill Slope Upland Valley

19. Remarks: **We do not install pumps.**

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. 66836** Signed **Alan Hoobler** Date _____ Authorized representative

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

Form WWC-5

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