

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

146

209

Check

CBB on map

18-11-16E (KCS address)

Delete  
Account?  
seen  
right  
for KS River  
Soldier  
Creek  
Valley

WATER WELL RECORD  
KSA 82-1201-1215

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

(KCS address) SW NE SE SW 18

1. Location of well:		County <b>Shawnee</b>	Fraction <b>NW SE</b> <b>NE 1/4 NW 1/4 SE 1/4</b>	Section number <b>18</b>	Township number <b>T 11</b>	Range number <b>R 16</b>
2. Distance and direction from nearest town or city: <b>2 NW OF TOPEKA</b>			3. Owner of well: <b>DENNIS DRESSLER</b> R.R. or street: <b>2406 N.W. ROCHESTER RD.</b> City, state, zip code: <b>TOPEKA, KS 66607</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>10</b> in. Completion date <b>9-23-77</b> Well depth <b>80</b> ft.		
				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		
5. Type and color of material		From	To	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 <b>PVC</b> Height: <input checked="" type="checkbox"/> Above <input type="checkbox"/> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>29</b> in. RMP <input type="checkbox"/> PVC <b>9L</b> Weight <b>250</b> lbs./ft. Dia. <b>5</b> in. to <b>80</b> ft. depth Wall Thickness: inches or <b>2.74</b> in. Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>274-258</b>		
				10. Screen: Manufacturer's name <b>PUMPCO, MPI</b> Type <b>PVC</b> Dia. <b>5</b> Slot gauge <b>0.020</b> Length <b>20</b> Set between <b>20</b> ft. and <b>40</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>0.30-0.60</b>		
				11. Static water level: <b>20</b> ft. below land surface Date <b>9-23-77</b> mo./day/yr.		
				12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>2</b> g.p.m.		
				13. Water sample submitted: ____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date		
				14. Well head completion: <b>CAP</b> <input type="checkbox"/> Pitless adapter <b>24</b> 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 <b>5</b> ft. to <b>12</b> ft.		
				16. Nearest source of possible contamination: <b>150</b> ft. Direction <b>SE</b> Type <b>SEPTIC</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation: <b>880</b> ft.		19. Remarks: <b>OWNER TO INSTAL SLAB</b>		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. <b>STRADER DRILG CO INC 182</b> Business name License No. _____ Address <b>RT 1 HAITON, KS</b> Signed <b>Dale Baker</b> Date <b>9-25-77</b> Authorized representative		

2.74  
MHC  
58  
17  
150  
18  
NE NW SW  
1/4 1/4 1/4

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

Form WWC-5