

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

WATER WELL RECORD
KSA 82a-1201-1215

SE SW NE

sec 1/4 1/4 1/4 No.

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

1 Location of well:		County <u>Shawnee</u>	Township name <u>Soldier</u>	Fracture <u>N 1/4 7/8 N 1/2 SW 1/4</u>	Section number <u>11</u>	Town number <u>11</u>	Range number <u>16</u>
Distance and direction from nearest town or city: <u>Topeka</u>				3 Owner of well: <u>CLARENCE BROWN</u>			
Street address of well location if in city: <u>2928 Happy Hollow Rd.</u>				Address: <u>2928 HAPPY HALLOW Rd. Topeka, Kansas</u>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>100</u> ft. Date of completion: <u>8-28-75</u> Well diameter <u>8</u> in.			
				5 <input 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			
2		Type and color of material		From	To	6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
		<u>Top Soil</u>		<u>0</u>	<u>2</u>	7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Diam. _____ Weight <u>2.33</u> lbs./ft. _____ <u>5</u> in. to <u>100</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
		<u>Brown Limestone</u>		<u>2</u>	<u>25</u>	8 Screen: Manufacturer <u>Pump Co</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/_____ <u>1080</u> Length <u>20'</u> Set between <u>70</u> ft. and <u>80</u> ft. _____ Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4 x 1/8</u>	
		<u>Blue Shale</u>		<u>25</u>	<u>72</u>	9 Static water level: <u>NOT MEASURED</u> <u>60</u> ft. below land surface Date <u>8-25-75</u>	
		<u>Grey Sandstone</u>		<u>72</u>	<u>78</u>	10 Pumping level below land surfaces: <u>Air Test</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
		<u>Grey Shale</u>		<u>78</u>	<u>93</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
		<u>Grey Limestone</u>		<u>93</u>	<u>97</u>	12 Well head completion: <u>CAPPED</u> <input type="checkbox"/> Pitless adapter <u>24</u> <input checked="" type="checkbox"/> Inches above grade	
		<u>Grey Shale</u>		<u>97</u>	<u>100</u>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.	
						14 Nearest source of possible contamination: ft. <u>150</u> Direction <u>S.W.</u> Type <u>S. Tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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	
						16 Remarks: elevation <u>98</u> Well slab by owner Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <u>STRADER DRILG. CO INC</u> License No. <u>182</u> Business name _____ Address <u>801 Holton KS</u> Signed <u>Dale Bohner</u> Date <u>9-3-75</u> Authorized representative	

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

Form WWC-5

BR = 983 ∇ = 925

11 16 E 11 NW NE SW