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	Fraction	Section number		number /	Township number Range number
7	Shawnee	NW1/4 NW1/45#		/ (0	T // S R /6 DW
R.R. or				or street: 936 Calhoun Bluff Lane state, zip code: Topeka, Kansas 66617		
W I I I I I I I I I I I I I I I I I I I	NE SE SE	Sketch map:		From 0 2	т _о 2 13	6. Bore hole dia. 5 in. Completion date Well depth 33 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 Casing: Material Steelight: Above or below Threaded Welded X Surface 17 in. RMP PVC Weight 13 lbs./ft. Dia in. to ft. depth!Wall Thickness: inches or Dia in. to ft. depth!yall Thickness: inches or Dia in. to ft. d
Brown Sand				13	21	ft. andft. Gravel pack? No. Size range of material
Quick Sand				21	28	11. Static water level: mo./day/yr. 21 ft. below land surface Date 7720/76
C	oarse Sand and G	ravel		28	31	12. Pumping level below land surfaces: ft. after hrs. pumping g.p.m.
В	lue Shale		•	31	33	ft. afterhrs. pumping g.p.m. Estimated maximum yield30 g.p.m. 13. Water sample submitted: mo./day/yr. YesX No Date 14. Well head completion: Inches above grade 15. Well grouted? Yes With: Neat cement Bentonite Concrete Depth: From3 ft. to3 ft.
						16. Nearest source of possible contamination: ft. 90 Direction N.F. Type Septic Well disinfected upon completion? Yes No 17. Pump: Not installed Manufacturer's name HP Volts Length of drop pipe ft. capacity g.p.m. Type: Submersible Turbine Jet Reciprocating
	(Use a second	sheet if needed)				Centrifugal Other
19. Remarks: Slab to be installed by customer. He knows this is a regulation. He knows this is a regulation. He knows this is a regulation.					20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is frue to the best of my knowledge and belief. Business name Address Signed Authorized representative Form WWC-5	