

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

ADA/HAD

| | | | | | | | |
|---|--|--------------------------|--|---|--|---------------------------------|-------------------|
| 1. Location of well: | | County SHAWNEE | Fraction NE 1/4 SE 1/4 NE 1/4 | Section number 20 RES 5 | Township number T 11 | Range number S R 16 E | E/W E/W |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: 511 INDEPENDENCE | | | 3. Owner of well: D. BANNING R.R. or street: 511 INDEPENDENCE City, state, zip code: TOPEKA KAN. 66608 | | | | |
| 4. Locate with "X" in section below: N W E S 1 Mile 1 Mile | | | Sketch map: | | 6. Bore hole dia. 8 in. Completion date 5-27-76 Well depth 37 ft. | | |
| 5. Type and color of material | | | From | To | 7. <input checked="" type="checkbox"/> Cable tool <input 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 | | |
| Topsoil | | | 0 | 1 | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | |
| FINE BROWN SILT | | | 1 | 16 | 9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 16 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 37 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200 | | |
| " SAND | | | 16 | 21 | 10. Screen: Manufacturer's name SUNFLOWER Type _____ Dia. _____ Slot/gauze 1/4 Length 5' Set between 32 ft. and _____ ft. 37 ft. and 37 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4" | | |
| COURSE " | | | 21 | 24 | 11. Static water level: _____ mo./day/yr. 26.6" ft. below land surface Date 5-24-76 | | |
| GRAVEL | | | 24 | 26 | 12. Pumping level below land surfaces: 37 ft. after 1 hrs. pumping 995 g.p.m. 27 ft. after 1 hrs. pumping 995 g.p.m. Estimated maximum yield _____ g.p.m. 30 | | |
| GRAY SAND MUD | | | 26 | 30 | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ | | |
| COURSE " MIXED WITH GRAVEL | | | 30 | 37 | 14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade | | |
| | | | | | 15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 1 ft. to 10 ft. | | |
| | | | | | 16. Nearest source of possible contamination: ft. 150' Direction SE Type B.T. Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | 17. Pump: _____ Not installed Manufacturer's name BURT'S Model number AGSN488H 1/2 Volts 115 Length of drop pipe 34 ft. capacity 10 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 | | |
| 18. Elevation: FLAT Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | 19. Remarks: OWNER WILL INSTALE SLAB AND HOUSE OVER WELL + TANK. Donald H. Banning WORK COMPLETE 5-29-76 | | 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. H.S. Pettit 333 Business name _____ License No. _____ Address 905 M. Michigan Signed H.S. Pettit Date 5-27-76 Authorized representative | | |

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