

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

DBB  
WATER WELL RECORD  
KSA 82a-1201-1215

T R EW 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 <b>Shawnee</b>	Township name	Fraction <b>S1/4SW1/4</b>	Section number <b>26</b>	Town number <b>T115</b>	Range number <b>R16E</b>	
Distance and direction from nearest town or city:				3 Owner of well: <b>Topeka Salvage Pool</b>			
Street address of well location if in city:				Address: <b>726 Kincaid Road Topeka, ks.</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>43</b> ft. Date of completion <b>9/22/75</b>			
				Well diameter <b>10</b> in.			
				5 <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			
				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			
				7 Casing: Material <b>steel</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>14</b> in. Diam. <b>6 5/8</b> Weight <b>13</b> lbs./ft. ___ in. to ___ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth			
2		Type and color of material	From	To	8 Screen:		
		<b>Topsoil</b>	<b>0</b>	<b>1</b>	Manufacturer <b>Steel &amp; Pipe</b>		
		<b>Brown clay, fine sand</b>	<b>1</b>	<b>12</b>	Type <b>Steel</b> Dia. <b>6-5/8</b>		
		<b>quick-sand</b>	<b>12</b>	<b>28</b>	Slot/gauze <b>holes</b> Length <b>4 feet</b>		
		<b>Quick-sand, coarse gravel</b>	<b>28</b>	<b>38</b>	Set between <b>39</b> ft. and <b>43</b> ft.		
		<b>Coarse gravel</b>	<b>38</b>	<b>43</b>	Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material		
					9 Static water level: <b>21</b> ft. below land surface Date <b>9/17/75</b>		
					10 Pumping level below land surfaces: ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <b>48</b> g.p.m.		
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___		
					12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
					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 <b>3</b> ft. to <b>13</b> ft.		
					14 Nearest source of possible contamination: ft. <b>85</b> Direction <b>North</b> Type <b>Septic Tank</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
					15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Gould</b> Model number <b>7EH</b> HP <b>1/3</b> Volts <b>230</b> Length of drop pipe <b>34</b> ft. capacity <b>7</b> 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		
16 Remarks: elevation		Concret slab to be installed by customer at surface of ground. He knows this is a regulation.				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. <i>Cunningham Drilling Co. 148</i> Business name _____ License No. _____ Address <b>Route 10 Topeka</b> Signed <i>Eric C. Cunningham</i> 11/24/75 Authorized representative	

- Topography:
- Hill
  - Slope
  - Upland
  - Valley

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

Form WWC-5

BR < 822

∇ = 844

11S 16E 26 SW SWNW