

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

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1. Location of well: County SHAWNEE Fraction NE 1/4 SE 1/4 SE 1/4 Section number X 21 Township number T 11 S R 16 E/W

2. Distance and direction from nearest town or city: Street address of well location if in city: 1329 YELLAM 3. Owner of well: MR. J. ZIMMERMAN R.R. or street: J. ZIMMERMAN City, state, zip code: 1329 YELLAM Twp. 66616

4. Locate with "X" in section below: Sketch map:

6. Bore hole dia. 5 in. Completion date 4-4-78
Well depth 38 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

9. Casing: Material Height: Above or below
Threaded Welded Surface 20 in.
RMP PVC Weight lbs./ft.
Dia. 5 in. to 38 ft. depth Wall Thickness: inches or
Dia. in. to ft. depth gage No. 100

10. Screen: Manufacturer's name SUNFLOWER
Type RMP Dia. 5 1/2
Slot/gauze 4 1/32 Length 51
Set between 38 and 38 ft.
Gravel pack? Size range of material 5 1/2

11. Static water level: mo./day/yr.
28 ft. below land surface Date 4-4-78

12. Pumping level below land surfaces:
28 ft. after 1 hrs. pumping 10 g.p.m.
 ft. after hrs. pumping g.p.m.
Estimated maximum yield 40 g.p.m.

13. Water sample submitted: mo./day/yr.
 Yes No Date

14. Well head completion:
 Pitless adapter 14 Inches above grade

15. Well grouted?
With: Neat cement Bentonite Concrete
Depth: From 4 ft. to 14 ft.

16. Nearest source of possible contamination: CITY
ft. 70 Direction W Type SEWER
Well disinfected upon completion? Yes No

17. Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

18. Elevation: 881 Rm
Topography:
 Hill
 Slope
 Upland
 Valley

19. Remarks:

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. PETTIT 333
Business name 905 N MICHIGAN License No. _____
Address _____
Signed H. L. Pettit Date 4-5-78
Authorized representative

(Use a second sheet if needed)

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

Form WWC-5