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

WATER WELL RECORD KSA 82a-1201-1215 R EW sec 1/4 1/4 1/4 No.

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

•			Α	AB	,			orbes-Bldg. 740 opeka, Kansas 66620		
County	Township name	Fraction N.	E. 1/4	Section	n number		Town number	Range number	7	
1 Location of well: SHAWNEE			74		33		115.	16 E.		
Distance and direction from nearest town or city: IN CITY LIMITS 3 Owner OF TOPEKA					AR	107	SEWARD	CORP		
Street address of well location if in city:	2707 SEWA	ARD	Addre	ess:			EKA, KANS	SAS		
Locate with "X" in section below: N							II depth: 10 ft. [Date of completion 5-12-	:77	
SEE ATTACHED MA				P		5 🔲	5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary			
w						6 Use	Domestic Public Irrigation Air co	c supply X Industry onditioning Commercia	.1	
S S						Thr	sing: Material SEEL H readed Welded XI			
→1 Mile					-	l		Drive shoe? Yes No	۰	
WELL No. 2 Typ	e and color of material			From	То	0 5		METALS	1	
ASPHALT				0	0.5	Typ	e LOUVER D	Dia. 20"	-	
GRAVEL FILL				<u>۰۶۲</u>	2,01	Set	between bo ft, and		-	
BROWN SILTY CLAY				2.0'	7.0'	Fit Gr	tings: avel pack 🛛 Yes 🗌 No	Size range of material	<u>*</u>	
GRAY SILTY CLAY				1.0'	34.0	9 Sta	tic water level: NOT	MEASURED	'	
FINE & MEDIUM SAN	ID, SOME	CLAY			31.0		mping level below land sur	rfaces:		
	, SOMI	E GRA	IEL	37.0'	40.0		ft. after hrs	. pumping g.p.m.		
	, W/COAR	SEGRA	VEL F	40:0	60.01	11 Wa	imated maximum yield —— iter sample submitted:		1	
+ +	WEOK	DERS		60.0	70.0		Yes No Date Il head completion:	e	\dashv	
	, ,							Inches above grade	4	
						🔀	II grouted? XYes Neat cement Bentoni		-	
							orth: From <u>ft.</u> to		+	
						ft.	Direction ell disinfected upon comple	Туре		
						15 Pur	mp:	Not installed		
						Mo	odel number!	HP Volts ft. capacity g.m.p.	-	
						Туг	pe:	_		
							Jet	Turbine Reciprocating		
(use a second sheet if needed) 16 Remarks: elevation APPROX. 880						Certrifugal iter well contractor's certi	Other	-		
ATPROX. OUC						This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.				
Topography:						1	AYNE - WESTE	ERN Co. 149 License No.	-	
☐ Hill ☐ Slope					•	Ad	Idress name	SH, STK.C.M	٥.	
Upland X Valley						Sig	Authorized representation	Date	-	

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

BR < 810

Form WWC-5