

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

544 22 NE ADD

1. Location of well:	County <u>Shawnee</u>	Fraction <u>NW 1/4 NW 1/4 SE 1/4</u>	Section number <u>12</u>	Township number <u>T 12 S</u>	Range number <u>R 14 E</u>
2. Distance and direction from nearest town or city: <u>2 SW OF</u> Street address of well location if in city: <u>Topeka</u>			3. Owner of well: <u>SAM WICHERS</u> R.R. or street: <u>1604 W 28th</u> City, state, zip code: <u>Topeka, KS</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>6-9-77</u> Well depth <u>50</u> ft.	
				7. <input type="checkbox"/> Cable tool <input checked="" 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	
				8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
5. Type and color of material				9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2 1/2</u> in. RMP <input type="checkbox"/> PVC <u>9/16</u> Weight <u>2.50</u> lbs./ft. Dia. <u>5</u> in. to <u>50</u> ft. depth; Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth; gage No. <u>258</u>	
		From		To	
<u>BROWN clay</u>		<u>0</u>		<u>8</u>	
<u>shale, grey</u>		<u>8</u>		<u>12</u>	
<u>Limestone BROWN</u>		<u>12</u>		<u>14</u>	
<u>shale, grey, Limestone, grey</u>		<u>14</u>		<u>50</u>	
				10. Screen: Manufacturer's name <u>PUMPCO</u> Type <u>PVC</u> Dia. <u>5</u> <input checked="" type="checkbox"/> Slot gauge <u>0.20</u> Length <u>10</u> Set between <u>12</u> ft. and <u>24</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>0.30, 0.60</u>	
				11. Static water level: <u>12</u> ft. below land surface Date <u>6-9-77</u> mo./day/yr.	
				12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>10 gph</u> g.p.m.	
				13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
				14. Well head completion: <u>CAP</u> <input type="checkbox"/> Pitless adapter <u>29</u> inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>E</u> Type <u>DRAINAGE</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> g.p.m. Type: <input 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: <u>45</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
				19. Remarks: <u>1035 (from map)</u> <u>OWNER TO INSTAL SLAB</u>	
				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. <u>Stander Drilling Co Inc 182</u> Business name License No. <u> </u> Address <u>RT 1 Holton, KS</u> Signed <u>Don Ashburn</u> Date <u>6/6/77</u> Authorized representative	

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

Form WWC-5

BR = 1037

▽ = 1033

T 12 S R 14 E
 Sec 12
 NW 1/4 SE 1/4