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

ADA
NE SE NE

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Shawnee	NE 1/4 NE 1/4 SE 1/4	72 13	T 12 S	R 14 E/W

2. Distance and direction from nearest town or city: 2.5 W of
3029 Indian Hills Rd.
Street address of well location if in city: S of Topeka

3. Owner of well: William Zeiler
R.R. or street: 3029 Indian Hills Rd.
City, state, zip code: Topeka, Kansas

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

N
NW | NE
W -------- E
SW | SE
S
1 Mile

Well
X — — 100' — — Lagoon

6. Bore hole dia. 10 in. Completion date _____
Well depth 80 ft. 3-15-77

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 PVC Height: Above or below
Threaded ____ Welded ____ Surface 24 in.
RMP ____ PVC ✓ Weight 2.58 lbs./ft.
Dia. 5 in. to 80 ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No. 2 1258

5. Type and color of material	From	To
Sandy clay	0	15
Louse Limestone	15	16
Shale, grey	16	80

10. Screen: Manufacturer's name Pumpco
Type PVC Dia. 5
Slot/gauze 1020 Length 40
Set between 15 ft. and 55 ft.
_____ ft. and _____ ft.
Gravel pack? ✓ Size range of material .03 X 1.000

11. Static water level: mo./day/yr.
15 ft. below land surface Date 3-15-77

12. Pumping level below land surfaces: Air Test
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 7 g.p.m.

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

14. Well head completion: Cap
X Pitless adapter 24 Inches above grade

15. Well grouted? ✓
With: ✓ Neat cement ____ Bentonite ____ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 100 Direction E Type Lagoon
Well disinfected upon completion? ✓ Yes ____ No

17. Pump: ✓ Not installed
Manufacturer's name Jacuzzi
Model number 534B HP 1/2 Volts 230
Length of drop pipe 70' ft. capacity 10 g.p.m.
Type:
✓ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

(Use a second sheet if needed)

18. Elevation:	19. Remarks:
630	owner will install slab

Topography:
__ Hill
✓ Slope
__ Upland
__ Valley

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.
Strader Drlg Co Inc 182
Business name   License No.
Address RT1 Holton, Ks
Signed Dale Acken   Date 3-29-77
Authorized representative

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

Form WWC-5

BR = 1017   ∇ = 1017

T 12 S R 14 W Sec 1/2 1/4 NE 1/4 SE 1/4 NE 1/4