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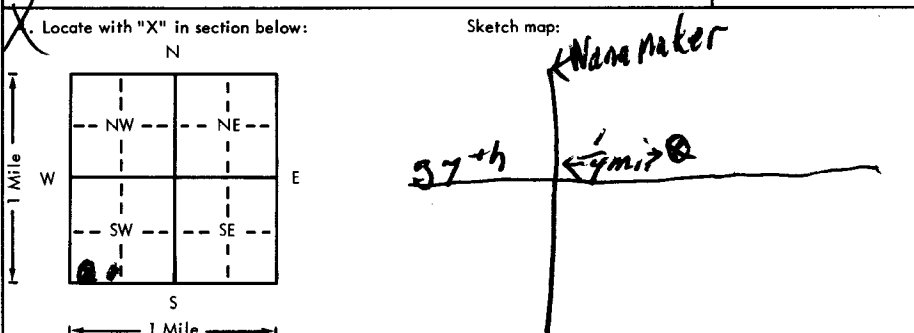
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USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well: County <u>Shawnee</u> Fraction <u>SE 1/4 SW 1/4 SW 1/4</u> Section number <u>13</u> Township number <u>T 12 S R 15</u> Range number <u>15</u> (E/W)	
2. Distance and direction from nearest town or city: <u>SW corner of Topeka.</u> Street address of well location if in city: <u>Topeka.</u> 3. Owner of well: <u>Howell Lindbloom 37 & Wana maker Topeka, KS</u> R.R. or street: <u>Topeka, KS</u> City, state, zip code: <u>Topeka, KS</u>	
X Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. <u>6 1/4</u> in. Completion date <u>9-20-79</u> Well depth <u>92</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	
9. Casing: Material <u>ALU</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>92</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>	
10. Screen: Manufacturer's name <u>Sunflower</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>3/16</u> Length <u>32</u> Set between <u>40</u> ft. and <u>92</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-1/4</u>	
11. <input checked="" type="checkbox"/> Static water level: _____ mo./day/yr. <u>40</u> ft. below land surface Date <u>9-20-79</u>	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>5</u> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>24</u> Inches above grade	
15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>14</u> ft.	
16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>NW</u> Type <u>Septic</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>E+W</u> Model number <u>SE15</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>90</u> ft. capacity <u>8</u> 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	
(Use a second sheet if needed)	
18. Elevation: <u>1023</u> Topography: <u>Rm</u> <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>owner to install 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>Robison Drilling 316</u> Business name _____ License No. _____ Address <u>Perry St</u> Signed <u>Jack Robison</u> Date <u>1-15-80</u> Authorized representative	

T 12 S R 15 E 15 1/4 1/4 1/4

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

Form WWC-5