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

SE WATER WELL RECORD
KSA 820-1201-1215

NW Sh

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T R	EW sec 1/4 1/4 1/4 No.				
V	Kansas State Dept. Of Health (Water Well Contractors) Forbes–Bldg. 740 Topeka, Kansas 66620				

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1 Location of well: County Shawnee Tecumseh Fraction		n number	Town number Range number R17E
Distance and direction from nearest town or city:	wner of well:	Her	nderson, Larry
Street address of well location if in city:	Address:	neka	a. Kansas
Locate with "X" in section below: Sketch map:			4 Well depth:ft. Date of completionf
			Well diameter 10 in. 5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary
w E			6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well
S Mile			7 Casing: Material PV Geight: above below Threaded Welded Surface in. Diam 5" Weight Weight No
2 Type and color of material	From	То	in. to ft. depth
Top Soil	0	,	8 Screen: Manufacturer Modern
		4	Slot gauze 24 Length 20
Yellow Clay	4	10	Set between # ft, and 6 0 ft
Yellow Clay with Sand	10	13	Gravel pack Yes No Size range of material 9 Static water level:
Yellow Clay with Lime Gravel	13	16	ft, below land surface Date 3/12/75
Yellow Lime Rock	16	17	10 Pumping level below land surfaces: ft. after hrs. pumping g.p.m.
Sand Stone with Lime Gravel	17	18	ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.
White Lime	18	22	11 Water sample submitted: ☐ Yes 🗖 No Date
Gray Shale with Lime Gravel	22	27	12 Well head completion:
Blue Shale	27	43	Pitless adapter Inches above grade 13 Well grouted? Yes No
Gray Shale	43	50	Neat cement Bentonite Depth: From St. to St.
Blue Lime Rock	50	55	14 Nearest source of possible contamination: ft. 90 Direction S.E. Type Seption
Blue Shale	55	60	Well disinfected upon completion? Yes No
			15 Pump: Not installed Manufacturer's name
			Model number HP
			Type: ☑ Submersible ☐ Turbine
(use a second sheet if needed)			☐ Jet ☐ Reciprocating ☐ Certrifugal ☐ Other
16 Remarks: elevation Slab to be installed by custom topography: DHIII	omer		17 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. Business name License No.
Slope Upland Slopes to the North			Signed Authorized representative Date 500

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

BR = 1053

= 1064

Form WWC-5