170

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

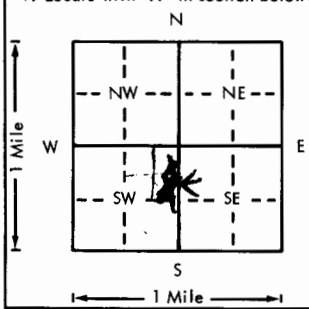
NE CAA

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Shawnee	~~SE~~ NE 1/4 SW 1/4	22	T 13 S	R 15 E E/W

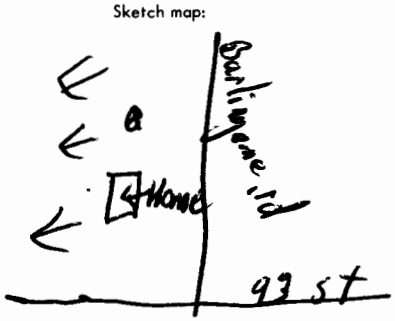
2. Distance and direction from nearest town or city:
Street address of well location if in city: 9055 Burlingame Rd

3. Owner of well: William L Record
R.R. or street: 9055 Burlingame Rd
City, state, zip code: Topeka Ks

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 6 in. Completion date 8-10-77
Well depth 45 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material AB
Threaded ___ Welded ___
RMP X PVC ___
Dia. 5 in. to 45 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above or below Surface 24" in.
Weight ___ lbs./ft.
Wall Thickness: inches or gage No. 200

5. Type and color of material	From	To
Top Soil	0	12
Sandstone	12	30
Lime	30	36
Shale	36	39
Lime	39	45

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower
Type RMP Dia. 5"
Slot/gauze 3/16 Length 25
Set between 20 ft. and 45 ft.
___ ft. and ___ ft.
Gravel pack? No Size range of material ___

11. Static water level: mo./day/yr.
18 ft. below land surface Date 8-10-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 15 gpm g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date 8-10-77

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

15. Well grouted? yes
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 16 ft.

16. Nearest source of possible contamination:
ft. 100 + Direction South Type Septic
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation: 972 Rm
Topography:
__ Hill
X Slope
__ Upland
__ Valley

19. Remarks: owner to install slab

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.
Robison Drilling 316
Business name License No.
Address Perry Ks
Signed Jack Robison Date 8-19-77
Authorized representative

T 13 R 15 E/W Sec 22 1/4 S1/2 1/4 NE 1/4 SW 1/4

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

Form WWC-5

MI-1023