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)

it is

			NOB			Topeka, Kansas 66620	
	County Fraction, W		Section number		Township number	Range number	
1. Location of well:	Shawner	NE 1/4 WW 1/4 NE 1/4	15		1 135	S R 16 E E/W	
	ction from nearest town or city:	ni South 3/ East 3.0	wner of well or street:	1: Vin 3441	neent Hren E. 77th st	nehi~	
Street address of well	l location it in city:				Topeka Ks.		
4. Locate with "X" i	1)(1)(1)	Sketch map:			6. Bore hole dia. 10. Well depth 26 f	Lin. Completion date 11-13-16	
NW NE					7. X Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary		
W 1					Irrigation	_ Public supply Industry _ Air conditioning Stock _ Oil field water Other	
SW !	SE / 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				9. Casing: Material PL Threaded Welded _	Height: Above or below in.	
S		Boda		_	RMPX PVC	Weight lbs./ft. depth Wall Thickness: inches or	
5. Type and color of material			From	То	Dia in. to ft. 10. Screen: Manufacture	depth gage No. 200	
Ton Soil			0	*	Type RMP	Dia	
Clay Dark Grey			4	7	Slot/gauze0.50_ Set between9	Lengthft.	
Chay yellow			7	9	Gravel pack?X_ Siz	ft. andft. ze range of material # -1/4	
Clay some gravel yellow Send stone grey			9	12	11. Static water level:ft. below lan	mo./day/yr. d surface Date <u>//-/3-76</u>	
			13	13	12. Pumping level below ft. after		
	Shale grey.	,	/3	26	ft. after Estimated maximum yield	Z-1.	
	0 /				13. Water sample submitt	ted: mo./day/yr.	
			_		14. Well head completio		
					15. Well grouted? Y C	5	
					With: X Neat cement Depth: From 3 ft		
			-			South Type Septic	
					Well disinfected upon co	mpletion? Yes No	
			-		Manufacturer's name Model number	HP Volts	
					Туре:	ft. capacityg.p.m.	
			-	<u> </u>	Submersible Jet	Turbine Reciprocating	
	(Use a second	sheet if needed)		<u> </u>	Centrifugal	Other	
18. Elevation:	19. Remarks:	to install clik				der my jurisdiction and this report	
lopography:	Advised to	to instell slab Yave H20 tests by Bruce Letta	ed		is true to the best of my	knowledge and belief. Dr. 11 ng 316A License No.	
Hill Slope	Grout okid	by Brace Letta			Address Address	KS. V License No.	
Upland X Valley	Crour on a				Signed Authorize	d representative	

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

Form WWC-5