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

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	Т	R	EW	sec 1/4 1/	/4 1/4 No

WATER WELL RECORD KSA 82a-1201-1215

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Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740

				9	リリー	Topeka, Kansas 66620
1 Location of well:	County Shawnee	Township name	Fraction SEL4SE	Y4SEX4	on number	T135 R16E
Distance and direction	on from nearest town or city	y:		3 Owner of well	Wa	de Dan
Street address of well location if in city:  Address:			Address: 2	720	de Dan o S. E. 93ND Jopeka,	
Locate with "X" in section below:  N					4 Well depth: 6t. Date of completion 7	
						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 .					7 Casing: Material <b>PVC</b> Height: bow below Threaded Welded Surface 12 in.  Diam. Weight 200 lbs./ft.
2	→1 Mile → Type	e and color of material		From	То	in. to ft. depth Drive shoe? Yes No
to	p soil			0	1	8 Screen: Manufacturer
	llow clay w	rith sand		1	5	Type Dia
_	me rock wit		clay	5	16	Fittings: Gravel pack Yes No Size range of material
gr	ay shale			16	20	9 Static water level: 26 ft. below land surface Date
bl	ack shale			20	21	10 Pumping level below land surfaces: ft. after hrs. pumping g.p.m.
lime rock			21	24	ft. after hrs. pumping g.p.m.  Estimated maximum yield 5 g.p.m.	
gtay shale			24	29	11 Water sample submitted:	
li	me rock			29	35	12 Well head completion:
gray shale			35	36	1 10 11311 31001001 12	
уе	llow lime r	ock		36	43	
gr	ay shale			43	48	14 Nearest source of possible contamination:  ft. 70 Direction N W Type late
bl	ue shale		<u></u> ,	48	80	Well disinfected upon completion?
	total 80 f	`t.				Manufacturer's name
						Model number HP Volts Length of drop pipe ft. capacity g.m.p.
	_					Type: Submersible Turbine
	(use	a second sheet if need	ed)			☐ Jet ☐ Reciprocating ☐ Certrifugal ☐ Other
16 Remarks: elevation 3 ft. perforation; 30 to 33 ft. slab will be installed by customer  Topography:			17 Water well contractor's certification: This well was drilled under my jurisdiction and this eport is true to the best of my knowledge and belief.			
Hill Slope Upland Valley						Business name License No. Address Signed Authorized representative Date

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

BR = 980

¥ = 959

Form WWC-5