

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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Shawnee</u>	Township name	Fraction <u>NWNWNW</u>	Section number <u>22</u>	Town number <u>T13S</u>	Range number <u>R16E</u>		
Distance and direction from nearest town or city:			3 Owner of well: <u>Sutton, Robert</u>					
Street address of well location if in city:			Address: <u>85 & Berryton Rd. Topeka, Ka.</u>					
Locate with "X" in section below:			Sketch map:		4 Well depth: <u>16 1/2</u> ft. Date of completion <u>7/1/75</u> Well diameter <u>10</u> in.			
					<input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input checked="" type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
					6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____			
2 Type and color of material			From		To		7 Casing: Material <u>Steel</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>16</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>11</u> in. to <u>16</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
							8 Screen: <u>S&G Medals</u> Manufacturer _____ Type <u>Steel</u> Dia. <u>6 5/8</u> Slot/gauze <u>4</u> holes Length <u>6ft.</u> Set between <u>11</u> ft. and <u>16</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3</u>	
18 Ft. 6 5/8 " Steel Pipe in Hand							9 Static water level: <u>4</u> ft. below land surface Date <u>6/8/75</u>	
							10 Pumping level below land surfaces: <u>4</u> ft. after <u>1</u> hrs. pumping <u>17</u> g.p.m. <u>9 1/2</u> ft. after <u>2</u> hrs. pumping <u>17</u> g.p.m. Estimated maximum yield <u>250</u> per Day	
Dug Well. Gravel Pack within 8 Ft. from top/ Removed all rock to 8 ft. level. Four feet neat cement.							11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>7/1/75</u>	
							12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
One foot of yellow clay then black dirt to ground level.							13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
							14 Nearest source of possible contamination: ft. <u>180</u> Direction <u>NW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Advised customer to wait <u>3</u> months before installing slab due to settling. Well water is being pumped into cistern then into the house							15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>pumpco</u> Model number <u>102S36</u> HP <u>1/3</u> Volts <u>230</u> Length of drop pipe <u>14 1/2</u> ft. capacity <u>7</u> g.m.p. 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	
							16 Remarks: elevation <u>15-1</u> Slab to be installed by customer Topography: <u>Recommend a chlorinator.</u> <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
(use a second sheet if needed)							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. <u>James H. Umbing 148</u> Business name _____ License No. _____ Address <u>4410 Topeka</u> Signature <u>James H. Umbing</u> Date <u>7/10/75</u> Authorized representative	

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

Form WWC-5