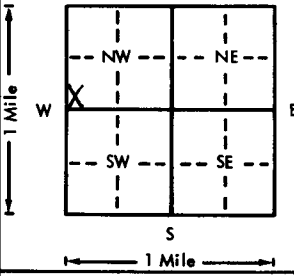


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County <u>Dickinson</u> Fraction <u>SE 1/4 SW 1/4 NW 1/4</u> Section number <u>1</u> Township number <u>T 14 S R 2</u> Range number <u>2</u> ① NW	
2. Distance and direction from nearest town or city: <u>2 1/2 S 2 1/2</u> 3. Owner of well: <u>Paul Ottenmeier</u> Street address of well location if in city: <u>Abilene</u> R.R. or street: <u>RR 2</u> City, state, zip code: <u>Abilene KS 67410</u>	
4. Locate with "X" in section below: Sketch map: <u>3 1/2 N 2 1/2 E</u>  1 Mile	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0 3</u>
<u>Red + yellow clay</u>	<u>3 24</u>
<u>lime stone</u>	<u>24 30</u>
<u>Red Shale</u>	<u>40 70</u>
<u>Yellow Shale</u>	<u>70 85</u>
<u>Blue Shale</u>	<u>85 90</u>
<u>water</u>	<u>90</u>
<u>Blue Shale</u>	<u>90 105</u>
(Use a second sheet if needed)	
18. Elevation:	19. Remarks:
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. <u>Backhoe Drg. 180</u> Business name: <u>Tampa Co. 67403</u> License No. _____ Address: <u>Abilene, KS</u> Signed: <u>Paul Baath</u> Date: <u>8-17-76</u> Authorized representative

6. Bore hole dia. <u>10-2</u> in. Completion date <u>8-17-76</u> Well depth <u>105</u> ft.
7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>Sch 40</u> lbs./ft. Dia. <u>5</u> in. to <u>105</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>105</u> ft. depth gage No. <u>250</u>
10. Screen: Manufacturer's name <u>Certain teed</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>20</u> Length <u>20</u> Set between <u>85</u> ft. and <u>105</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>20</u>
11. Static water level: _____ mo./day/yr. <u>80</u> ft. below land surface Date <u>8-17-76</u>
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.
16. Nearest source of possible contamination: <u>Septic</u> ft. <u>20</u> Direction <u>SW</u> Type <u>tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other

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1/4
1/4
1/4
1/4

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

Form WWC-5