

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 Franklin	Fraction SE SE SW/4	Section number 29	Township number T 15 S R 19 E/W	Range number
2. Distance and direction from nearest town or city: 1 3/4 mi. E				3. Owner of well: Red Nelson THEO E NELSON		
Street address of well location if in city: Centropolis Kan.				R.R. or street: RR1		
				City, state, zip code: Ottawa Kan. 66067		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 6 1/2 in. Completion date 6-2-77		
				Well depth 95 ft. 9" to 18"		
5. Type and color of material				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 PVC Height: Above or below _____		
				Threaded _____ Welded _____ Surface _____ in.		
				RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.		
				Dia. 6 1/2 in. to 18 ft. depth Wall Thickness: inches or _____		
				Dia. _____ in. to _____ ft. depth gage No. sch 40		
				10. Screen: Manufacturer's name _____		
				Type NONE Dia. _____		
				Slot/gauze _____ Length _____		
				Set between _____ ft. and _____ ft.		
				_____ ft. and _____ ft.		
				Gravel pack? NO Size range of material _____		
				11. Static water level: _____ mo./day/yr.		
				40 ft. below land surface Date 6-2-77		
				12. Pumping level below land surfaces:		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				Estimated maximum yield 15 g.p.m.		
				13. Water sample submitted: _____ mo./day/yr.		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion:		
				<input checked="" type="checkbox"/> Pitless adapter 18 inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/>		
				With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
				Depth: From 3 ft. to 18 ft.		
				16. Nearest source of possible contamination:		
				ft. 150 Direction E Type septic		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed		
				Manufacturer's name Red Jacket		
				Model number 50M-9BC HP 1/2 Volts 220		
				Length of drop pipe 80 ft. capacity 10 g.p.m.		
				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		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		This well was drill to help the well #2 with water needs on the farm.				
		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. EDGAR SWANK 24A Business name _____ License No. _____ Address RR OTTAWA KANS Signed Edgar Swank Date 7-3-77 Authorized representative				

T 15 S R 19 E/W
 Sec 29
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5