

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 NW 1/4 NW 1/4 SW 1/4	Section number 30	Township number T 15 S R 19 EW	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		FRANK TROPITO RR 4 OTTAWA KANS 66067	
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. 8 1/2 Completion date 10-3-75 Well depth 84 ft. 9' to 20'	
					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	
5. Type and color of material		From	To	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		
SOILT CLAY		0	4	9. Casing: Material PPC Height: Above 18 Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 200 lbs./ft. Dia. 6 in. to 30 ft. depth; Wall Thickness: inches or Dia. 6 in. to 84 ft. depth; gage No. 282		
YELLOW SANDSTONE		4	24	10. Screen: Manufacturer's name NONE USED Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? NO Size range of material _____		
Grey Sanded SHALE		24	64	11. Static water level: _____ mo./day/yr. 25 ft. below land surface Date 10-3-75		
Grey SAND STONE		64	82	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 g.p.m.		
LIME ROCK		82	84	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
(Use a second sheet if needed)				14. Well head completion: <input type="checkbox"/> Pitless adapter 18 Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 22 ft.		
				16. Nearest source of possible contamination: ft. 100' Direction SW Type SEPTIC 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		
18. Elevation: 982'	19. Remarks:		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 124 Business name _____ License No. _____ Address R 4 OTTAWA KAN Signed Edgar Swank Date 11-2-75 Authorized representative			

T 15
 R 19
 S 30
 W
 E
 Sec
 NW 1/4 SW 1/4

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

Form WWC-5