

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: <b>Franklin</b>	County	Fraction <b>N.E. 1/4 N.E. 1/4 N.E. 1/4</b>	Section number <b>32</b>	Township number <b>T 15</b>	Range number <b>S R 19</b>	E/W
2. Distance and direction from nearest town or city: <b>2 mile E of Centropolis, Kansas.</b> <del>Th. 11305 Southeast St - Ottawa</del> <small>Street address of well location if in city:</small>			3. Owner of well: <b>Ted Nelson</b> R.R. or street: <b>R.R. 4</b> City, state, zip code: <b>Ottawa, Kansas, 66067</b>			
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 			6. Bore hole dia. <b>6 1/2</b> in. Completion date <b>4-10-77</b> Well depth <b>95</b> ft. <b>9" to 20"</b>			
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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
From To			9. Casing: Material _____ Height: Above <del>surface</del> Threaded _____ Welded _____ Surface <b>2 1/2</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>38 40</b> lbs./ft. Dia. <b>6 1/2</b> in. to _____ ft. depth; Wall Thickness: inches or Dia. <b>6 1/2</b> in. to <b>20</b> ft. depth; gage No. <b>Sch 40</b>			
			10. Screen: Manufacturer's name _____ <b>NONE</b> Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> <b>no</b> Size range of material _____			
Soil-			11. Static water level: _____ mo./day/yr. <b>30</b> ft. below land surface Date <b>4-77</b>			
Yellow Sand Rock			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.			
Grey Sandy Shaley			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
Grey Sand			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>24</b> Inches above grade			
Lime			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>3</b> ft. to <b>20</b> ft.			
			16. Nearest source of possible contamination: ft. <b>NONE AT THIS TIME</b> Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
			17. Pump: _____ Not installed Manufacturer's name <b>Red Jacket</b> Model number <b>50NL-9BC</b> HP <b>3</b> Volts <b>220</b> Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other _____			
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>This was Drilled in the feild. The pig finish barn was built 120 feet from the well. CEMENT BLOCK IS to BE Poured SOON</b>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Edgar Swank Drilling 124A</b> Business name _____ License No. _____ Address <b>R.R. 4 Ottawa, Kans.</b> Signed <b>Edgar Swank</b> Date <b>4-10-77</b> Authorized representative		15 19 32 NE NE NE 1/4 1/4 1/4

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

Form WWC-5