

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 N.E. 1/4 N.E. 1/4 N.E. 1/4	Section number 10	Township number T 16 S R 18	Range number 18	E/W
2. Distance and direction from nearest town or city: 2 miles South, 2 miles West of Centropolis, Kansas			3. Owner of well: Kenith Barton R.R. 4 City, state, zip code: Pomona, Kansas 66076			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: COUNTRY ROAD house septic		6. Bore hole dia. 8 1/2 in. Completion date 11-17-77 Well depth 120 ft. 19-9		
5. Type and color of material		From		To		
		Soil		0		5
		Yellow Sand Stone		5		30
		Grey Shale		30		75
		Grey Sand		75		105
White Sank		105		120	120	
				10. Screen: Manufacturer's name NONE		
				Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft.		
				Gravel pack? NO Size range of material _____		
				11. Static water level: 40 ft. below land surface Date 11-17-77 ^{mo./day/yr.}		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 40 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 type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> PUMPHOUSE above grade		
				15. Well grouted? XXXX With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From 0 ft. to 14 ft.		
				16. Nearest source of possible contamination: ft. 100 Direction West Type Septic Well disinfected upon completion? <input 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 _____ Turbine _____ <input type="checkbox"/> Jet _____ Reciprocating _____ <input type="checkbox"/> Centrifugal _____ Other _____		
18. Elevation:		19. Remarks: New House not finish at this time		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 Drilling 124A Business name License No. Address R.R. 4 Ottawa, Kansas Signed Edgar Swank Date 12-1-77 Authorized representative		

T 16 S R 18 E
Sec 10 NE 1/4 NE 1/4

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

Form WWC-5