

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

Craig

1. Location of well:		County <b>FRANKLIN</b>	Fraction <b>NE 1/4 NE 1/4 SW 1/4</b>	Section number <b>14</b>	Township number T <b>16</b> S R <b>18 E</b> E/W
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: <b>John Craig ROMONKY and</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>4</u> in. Completion date <b>10-6-75</b> Well depth <b>115</b> ft. <u>9</u> ft. <u>15</u> ft. below	
				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	
SOIL		0	2	9. Casing: Material _____ Height: Above or _____ Threaded _____ Welded _____ Surface <u>18</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>30</u> lbs./ft. Dia. <u>4</u> in. to <u>20</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>255</u>	
yellow sand rock		2	12	10. Screen: Manufacturer's name <u>none</u>	
grey sand rock		12	100	Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <u>no</u> Size range of material _____	
white sand		100	115	11. Static water level: _____ mo./day/yr. <u>10</u> ft. below land surface Date <b>10/16/75</b>	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>12</u> 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 type="checkbox"/> Pitless adapter <u>pump house</u> ft. above grade	
				15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>18</u> ft.	
				16. Nearest source of possible contamination: <u>septic</u> <u>80</u> ft. Direction <u>E</u> Type <u>septic</u> Well disinfected upon completion? _____ Yes _____ 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	
				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. <b>EDGAR SWANK 124</b> Business name _____ License No. _____ Address <b>RR 4 OTTAWA, MO.</b> Signed <b>Edgar Swank</b> Date <b>11-2</b> Authorized representative	
18. Elevation: <b>935</b>		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

T  
L 6  
R  
L 8  
W  
L 4  
Sec  
NE 1/4  
SW 1/4

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

Form WWC-5