

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:		County FRANKLIN	Township name APP.	Fraction SE 1/4 SW 1/4 S 44	Section number 18	Town number T165	Range number R18E
Distance and direction from nearest town or city: 3 MI N + 1/2 W				3 Owner of well: MRS. RAWLEIGH THOMPSON			
Street address of well location if in city: POMONA KANSAS				Address: OTTAWA KANSAS RR 4			
Locate with "X" in section below:		Sketch map:		4 Well depth: 275 ft. Date of completion 4-10-75 Well diameter 8 1/2 in.			
				5 <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			
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>			
				7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. Diam. 6 1/2 in. to 27 1/2 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight 30 lbs./ft.			
2		Type and color of material		From	To	8 Screen: PLASTIC CASING Manufacturer CROWN LINE Type 1130 Dia. 6 Slot/gauze 1/8 Length 30' Set between 24 1/2 ft. and 27 1/2 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material	
		SOIL		0	3	9 Static water level: 16 1/2 ft. below land surface Date 4-10-75	
		LIME		3	15	10 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.	
		SHALE		15	50	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
		LIME		50	57	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 inches above grade	
		SHALE	BLACK	68	75	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 3 ft. to 15 ft. 20'-25'	
		LIME		75	78	14 Nearest source of possible contamination: ft. ____ Direction N.A. Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		SHALE	GREY	78	140	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Red JACKET Model number S100N1-AP Volts 220 Length of drop pipe 26 1/2 ft. capacity 10 g.m.p.	
		LIME		140	141	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	
		SHALE	GREY SANDED	141	154	16 Remarks: elevation 1075	
		LIME		154	156	17 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 134 Business name OTTAWA KANSAS License No. _____ Address OTTAWA KANSAS Signed Edgar Swank Date 4-24-75 Authorized representative	
		SHALE		156	212		
		LIME		212	214		
		GREY SAND (WATER)		214	256		
		GREY SANDED		256	275		
(use a second sheet if needed)							

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5