

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 SW 1/4 SW 1/4 SW 1/4	Section number 4	Township number T 16 S R 19 E/W	Range number
2. Distance and direction from nearest town or city:	3 N 2 1/4 W		3. Owner of well:	DAVID MARKLEY	
Street address of well location if in city:	OTTAWA KAN		R.R. or street:	RR	
			City, state, zip code:	OTTAWA KANSAS 66067	
4. Locate with "X" in section below:	Sketch map:		6. Bore hole dia. 6 1/2 in. Completion date 6-3-76 Well depth 140 ft. 9' 10'		
N 1 Mile W E S 1 Mile			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			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		
			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 6 in. to 20 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 255		
SOIL			10. Screen: Manufacturer's name _____ NONE		
YELLOW SAND			Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft.		
LIME			Gravel pack? _____ Size range of material _____		
Grey Sanded SHALE			11. Static water level: _____ mo./day/yr. 80 ft. below land surface Date 6-3-76		
			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.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
			14. Well head completion: PUMP house Pitless adapter 12 inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 28 ft.		
			16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ 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		
(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	<p><i>This well was drilled in a field. The customer knows where the septic tanks is to be from the well. cement floor has been pushed for pump house</i></p>		<p>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.</p> <p>EDGAR SWANK 124 Business name License No. Address RR OTTAWA KANSAS Signed Edgar Swank Date 7-18-76 Authorized representative</p>		

T 16 R 19 E W 4 S 25 50 50