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

JE NW SE
~~NW NW NE~~

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

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	FRANKLIN		~~NE 1/4 NW 1/4 NW 1/4~~	~~4~~ 6	T 16S	R 19 E

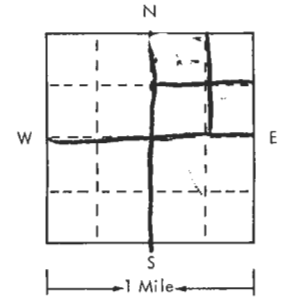
Distance and direction from nearest town or city: 4 MI N 4½ MI W

Street address of well location if in city:

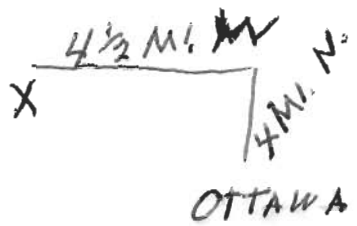
3 Owner of well: Jerry W. Thompson

Address: RH. OTTAWA KAN.

Locate with "X" in section below:



Sketch map:



4 Well depth: 150 ft. Date of completion 7-26-75
Well diameter 24 in. to 10' + 6¼ to 140'

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐ _____

7 Casing: Material PVC Height: (above) below
Threaded ☐ Welded ☐ Surface 24 in.
Diam. _____ Weight _____ lbs./ft.
6 in. to 22 ft. depth Drive shoe? ☐ Yes ☒ No
_____ in. to _____ ft. depth

2 Type and color of material	From	To
Soil	0	5
Yellow Sand stone	5	25
Grey Sand stone	25	65
Grey Shale	65	150
None at time well installed but is for new home site		

(use a second sheet if needed)

8 Screen:
Manufacturer NONE
Type _____ Dia. _____
Slot/gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material _____

9 Static water level:
50 ft. below land surface Date 7-26-75

10 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.

11 Water sample submitted:
☐ Yes ☒ No Date _____

12 Well head completion:
☐ Pitless adapter 24 inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 20 ft.

14 Nearest source of possible contamination:
ft. _____ Direction _____ Type _____
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation 980
Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

Concrete slab with pump house installed

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 124
Business name License No.
Address R4 OTTAWA KAN
Signed Edgar Swank Date 8-23-75
Authorized representative

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

Form WWC-5