

USE TYPEWRITER OR BALL
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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 NE 1/4 NE 1/4 NE 1/4	Section number 7	Township number T 17 S	Range number R 19 E/W
2. Distance and direction from nearest town or city:		3 1/4 MI. WEST		3. Owner of well: A.F. PONTON		
Street address of well location if in city:		OTTAWA, KAN.		R.R. or street: R City, state, zip code: OTTAWA - KANSAS		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 15th STREET SEPTIC house BARN 150' Feed BINS		6. Bore hole dia. 12 in. Completion date 10-30-75 Well depth 75 ft. 12" to 45"		
5. Type and color of material		From		To		
		SOIL & CLAY		0 28		
		SOFT & Muddy		28 35		
		GRAVEL		35 40		
		SHALE		40 45		
LIME band		45 68		10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
BLACK SHALE		68 71		11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____		
LIME		71 75		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
18. Elevation: 900 Topography: ____ Hill ____ Slope ____ Upland ____ Valley		19. Remarks: DO TO THE TYPE OF MATERIAL & SIZE OF WELL I WAS UNABLE TO COMPLETE THIS WELL TO OWNERS SATISFACTION * IT WAS FILLED WITH SOIL & CLAY FROM BOTTOM TO TOP (Use second sheet if needed)		13. Water sample submitted: _____ mo./day/yr. ____ Yes ____ No Date _____		
				14. Well head completion: ____ Pitless adapter _____ inches above grade		
				15. Well grouted? _____ With: ____ Neat cement ____ Bentonite ____ Concrete Depth: From _____ ft. to _____ ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? ____ Yes ____ No		
				17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ ____ drop pipe _____ ft. capacity _____ g.p.m. Type: ____ Submersible ____ Turbine ____ Jet ____ Reciprocating ____ Centrifugal ____ 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. EDGAR SWANK 124 Business name _____ License No. _____ Address 14 OTTAWA KAN Signed Edgar Swank Date 11-28-75 Authorized representative						