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	Fraction	Section number	Township number	Range number
	Ottawa	SE1/4 SE1/4 SE1/4	8	T 11 S	R 3W E/W

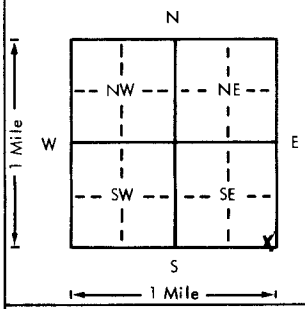
2. Distance and direction from nearest town or city: 1/2 Mi N. Lindsey

Street address of well location if in city:

3. Owner of well: Pete Prater
R.R. or street: Rt 2
City, state, zip code: Minneapolis Kans 67467

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 6 in. Completion date
Well depth 56 ft. 4/26/79

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material
Threaded ___ Welded ___
RMP X PVC ___
Dia. 4 in. to 56 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above or below
Surface 12 in.
Weight ___ lbs./ft.
Wall Thickness: inches or gage No. 200

Feet

5. Type and color of material	From	To
Alluvium:		
Clay, silty, tan	0	23
Silt, sandy	23	30
Sand, fine	30	37
Kiowa fm:		
Sandstone, fine + shale, yellow	37	45
Sandstone, fine to medium	45	56

(Use a second sheet if needed)

10. Screen: Manufacturer's name Shop
Type Slots Dia. 4"
Slot/gauze 1/16" Length 3'
Set between 53 ft. and 56 ft.
___ ft. and ___ ft.
Gravel pack? Y Size range of material 1/10"

11. Static water level:
19 ft. below land surface Date 4/26/79 mo./day/yr.

12. Pumping level below land surfaces:
ND ft. after 1/2 hrs. pumping 20 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 40 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? Y
With: X Neat cement __ Bentonite __ Concrete
Depth: From 3 ft. to 13 ft.

16. Nearest source of possible contamination:
ft. ___ Direction Open Field Type
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

T 11 R 3 (W) E Sec 8 1/4 SE 1/4 SE 1/4 SE 1/4

18. Elevation: ≈1255
Topography:
__ Hill
__ Slope
__ Upland
X Valley

19. Remarks:

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.
Business name Hydraulic Drilling Co 126 License No.
Address Salina Kans
Signed Ord Trent Date 5/2/79
Authorized representative

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

Form WWC-5

MI-1023