

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 <i>Ottawa</i>	Fraction <i>NW 1/4 SE 1/4 NE 1/4</i>	Section number <i>11</i>	Township number T <i>11</i> S R	Range number <i>4</i> <i>EW</i>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <i>Charles Carlson</i> R.R. or street: <i># 3</i> City, state, zip code: <i>Minneapolis, Ka 67467</i>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <i>32</i> in. Completion date _____ Well depth <i>86</i> ft. <i>2-5-77</i>	
					7. <input 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 checked="" type="checkbox"/> Reverse rotary	
5. Type and color of material			From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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	
<i>top soil</i>			<i>0</i>	<i>2</i>	9. Casing: Material <i>AC</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <i>34</i> lbs./ft. Dia. <i>16</i> in. to <i>86</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>3/4</i>	
<i>clay</i>			<i>2</i>	<i>18</i>	10. Screen: Manufacturer's name <i>Johnson</i> <i>Concrete</i> Type <i>Transite</i> Dia. <i>16"</i> Slot/gauge <i>1/8"</i> Length <i>26</i> Set between <i>60</i> ft. and <i>86</i> ft. _____ ft. and _____ ft. Gravel pack? <i>YES</i> Size range of material <i>1/8-1/4</i>	
<i>sandy clay</i>			<i>18</i>	<i>22</i>	11. Static water level: _____ mo./day/yr. <i>20</i> ft. below land surface Date <i>2-5-77</i>	
<i>clay</i>			<i>22</i>	<i>38</i>	12. Pumping level below land surfaces: <i>40</i> ft. after <i>1</i> hrs. pumping <i>1200</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>2000</i> g.p.m.	
<i>coarse gravel</i>			<i>38</i>	<i>58</i>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
<i>sand rock</i>			<i>58</i>	<i>87</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> Inches above grade	
<i>clay</i>			<i>87</i>	<i>100</i>	15. Well grouted? <i>YES</i> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
<i>stop</i>					16. Nearest source of possible contamination: <i>NONE</i> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(Use a second sheet if needed)					17. Pump: _____ Not installed Manufacturer's name <i>WLR</i> Model number <i>PM</i> HP <i>40</i> Volts <i>480</i> Length of drop pipe <i>63</i> ft. capacity <i>1200</i> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation: <i>51251</i> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> 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. <i>See Log & Log No 258</i> Business name _____ License No. _____ Address <i>Clifton, Kansas</i> Signed <i>Francis Cox</i> Date <i>2-5-77</i> Authorized representative	

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Form WWC-5