

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 Ottawa Fraction NE 1/4 NW 1/4 NW 1/4 Section number 33 Township number T 11 S R 5 W E/W Range number	
2. Distance and direction from nearest town or city: 1 mi W + 3 mi N Tescott Street address of well location if in city:	
3. Owner of well: Kenneth Green R.R. or street: RR-1 City, state, zip code: Tescott Kans 67484	
4. Locate with "X" in section below: Sketch map:	
6. Bore hole dia. 7 in. Completion date 5/15/78 Well depth 64 ft.	
7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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	
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 <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia 5 in. to 64 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200	
5. Type and color of material	
	From To
Clay, brown	0 4
Shale, light gray & yellow	4 56
Sandstone, fine, some shale, gray	56 64
10. Screen: Manufacturer's name Shop Type slots Dia. 4" Slot/gauze 7/16 1/16" Length 5' Set between 59 ft. and 64 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/10"	
11. Static water level: _____ mo./day/yr. 13 ft. below land surface Date 5/15/78	
12. Pumping level below land surfaces: ND ft. after 1 hrs. pumping 6 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 8 g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
14. Well head completion: <input type="checkbox"/> 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 3 ft. to 13 ft.	
16. Nearest source of possible contamination: ft. 70' Direction SW Type septic 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:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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. Hydraulic Drilling Co Business name License No. _____ Address Delaware Kansas Signed Bob Faust Date 5/15/78 Authorized representative

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

Form WWC-5