

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 820-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:		County <b>OTTAWA</b>	Fraction <b>SE 1/4 NE 1/4 NE 1/4</b>	Section number <b>24</b>	Township number <b>T 12</b>	Range number <b>S R 1 E NW</b>
2. Distance and direction from nearest town or city: <b>6 mile North of Solomon, Kan</b>			3. Owner of well: <b>Harvey Schlatter</b> R.R. or street: <b>RT 1</b> City, state, zip code: <b>Solomon, Kan 67488</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>7</b> in. Completion date <b>9-8-75</b> Well depth <b>97</b> ft.		
				7. Cable tool <input checked="" type="checkbox"/> Rotary <input checked="" 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		
5. Type and color of material		From	To	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		
Top Soil		0	2	9. Casing: Material <b>RMP</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>16</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>54</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____		
Clay Brn.		2	10	10. Screen: Manufacturer's name _____ Type <b>RMP</b> Dia. <b>5"</b> <input checked="" type="checkbox"/> Slotted gauze <b>1/8</b> Length <b>43'</b> Set between <b>54</b> ft. and <b>97</b> ft. _____ ft. and _____ ft. Gravel pack? <b>NO</b> Size range of material _____		
Sandy Clay Brn		10	18	11. Static water level: _____ mo./day/yr. <b>30</b> ft. below land surface Date <b>9-8-75</b>		
Shale Blw		18	37	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>315</b> g.p.m.		
Shale Gray		37	38	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Lime Gray		38	39	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>16</b> inches above grade		
Shale Blw		39	54	15. Well grouted? <b>Yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.		
Lime with showings of Gyp H2O		54	66	16. Nearest source of possible contamination: <b>Septic Tank</b> ft. <b>125</b> Direction <b>E</b> Type <b>Septic Tank</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Shale Gray		66	73	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		
Lime Grey		73	76	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. <b>Zinn Water Well Drilling 218</b> Business name _____ License No. _____ Address <b>Lost Springs, Kan</b> Signed <b>Joseph A. Zinn</b> Date <b>9-10-75</b> Authorized representative		
Shale Grey with Gyp Shells		76	91			
Gyp & Mica White & Clear		91	102			
Salt White (Pure)		102	104			
Cemented back to 97 foot						
18. Elevation:		(Use a second sheet if needed)				
19. Remarks: <b>Concret slab to be installed below pitless adapter by Erni Felbuck (Plumber)</b>						
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5