

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 NW¹/₄ SW¹/₄ NW¹/₄	Section number 32	Township number T 12 S R 1W E/W	Range number		
2. Distance and direction from nearest town or city: Street address of well location if in city: In Miles, SW part No street names			3. Owner of well: Bill Miller R.R. or street: 113 S. Santa Fe City, state, zip code: Salina KS 67401				
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. 6 in. Completion date 3-21-77 Well depth 52 ft.			
5. Type and color of material		From		To		7. <input 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	
Neogene, late: House basement		0		8		9. Casing: Material _____ Height: 8' below Threaded _____ Welded _____ Surface 8' in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 50 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. S. 40	
Alluvium: Clay & silt, brown Gravel, fine to coarse		8		35		10. Screen: Manufacturer's name Shep Type slots Dia. 4" Slot/gauze 3/32 Length 3' Set between 47 ft. and 50 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8"	
Wellington: Shale, gray-green		35		50		11. Static water level: _____ mo./day/yr. 23 ft. below land surface Date 3-21-77	
						12. Pumping level below land surfaces: 40 ft. after 12 hrs. pumping 50 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 60 g.p.m.	
						13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 11 ft. to 21 ft.	
						16. Nearest source of possible contamination: ft. 80 Direction SW Type septic T 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: 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. Mechanica Drilling 126 Business name _____ License No. _____ Address Salina, KS Signed Orl. Faust Date 4-11-77 Authorized representative	

T 12 S R 1W E/W 32 NW 1/4 SW 1/4 NW 1/4

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

Form WWC-5