

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

| | | | | | | |
|--|-------------------------|---|--------------------------------------|---|---------------------------|---|
| 1 Location of well: | County OTTAWA | Township name | Fraction NE SE NW | Section number 32 | Town number 125 | Range number 1W |
| Distance and direction from nearest town or city: 1/2 M. E. Niles | | | 3 Owner of well: Robt. Duggan | | | |
| Street address of well location if in city: | | | Address: Niles, Ks | | | |
| Locate with "X" in section below: | | Sketch map: | | 4 Well depth: 52.5 ft. Date of completion 4-15-75 Well diameter 4 in. | | |
| N W ——— E S 1 Mile | | | | 5 <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 | | |
| 2 | | Type and color of material | | From To | | 6 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"/> Commercial <input type="checkbox"/> Test well |
| | | | | | | 7 Casing: Material PVC Height: above /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 4 in. to 52.5 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth |
| | | Terrace Clay, tan | | 0 27 | | 8 Screen: Manufacturer Shop Type PVC Dia. 4" Slot/gauze 3/32 Length 3' Set between 49 ft. and 52 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4" |
| | | Sand, fine | | 27 28.5 | | 9 Static water level: 25.5 ft. below land surface Date 4-15-75 |
| | | Clay, tan | | 28.5 31 | | 10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 g.p.m. |
| | | Sand, fine, grades down to gravel med | | 31 51 | | 11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ |
| | | Shale, yellow-gray & greenish-gray | | 51 53 | | 12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade |
| | | | | | | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 3 ft. to 13 ft. |
| | | | | | | 14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | 15 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 |
| 16 Remarks: elevation | | | | | | 17 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 126 Business name _____ License No. _____ Address Salina, Ks Signed Robt. Duggan Date 5-14-75 Authorized representative |
| | | | | | | Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley |

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5