

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 <u>Ottawa</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section number <u>1</u>	Township number T <u>12</u> S R <u>3</u> E/W	
2. Distance and direction from nearest town or city: Street address of well location if in city:		west edge of <u>Bennington</u>		3. Owner of well: R.R. or street: City, state, zip code:	
4. Locate with "X" in section below:				6. Bore hole dia. <u>8</u> in. Completion date <u>4/13/78</u> Well depth <u>43</u> ft.	
<div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Sketch map:</p> </div> <div> <p>GRAV STORAGE</p> <p>RAILROAD</p> <p>X+WELL</p> <p>BRDME FIELD</p> <p>HI-WAY 18</p> </div> </div>				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	
5. Type and color of material				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 <u>plst</u> Height: Above or Below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>16</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>43</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>01258</u>	
				10. Screens: Manufacturer's name <u>Western Plastics</u> Type <u>RMT</u> Dia. <u>5 11</u> Slot/gauze <u>3/32</u> Length <u>7 1/2</u> Set between <u>35 1/2</u> ft. and <u>43</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/16 to 3/8</u>	
				11. Static water level: _____ mo./day/yr. <u>10</u> ft. below land surface Date <u>4/13/78</u>	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>8</u> 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 <u>16</u> Inches above grade	
				15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination: ft. <u>500</u> Direction <u>west</u> Type <u>septic</u> 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: <u>1221</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input 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. <u>Boyer Drilling Co.</u> 194 Business name License No. Address <u>Carlton, Kansas</u> 67429 Signed <u>Boyer E. Boyd</u> Date <u>8-10-78</u> Authorized representative	

T 12
 R 3
 E/W
 Sec 1
 1/4 1/4 1/4
 SESESE

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

Form WWC-5