

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

WATER WELL RECORD  
KSA 826-1201-1215

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

1. Location of well:	County <u>Ottawa</u> <u>Septime</u>	Fraction <u>SE 1/4 SW 1/4 NW 1/4</u>	Section number <u>27</u>	Township number <u>T 12</u>	Range number <u>S R 3W E/W</u>
2. Distance and direction from nearest town or city: <u>6 Mi E Culver</u>			3. Owner of well: <u>RL Walston</u>		
Street address of well location if in city:			R.R. or street: <u>Rt. 1</u>		
			City, state, zip code: <u>Culver, Ks 67435</u>		
4. Locate with "X" in section below:			Sketch map:		
			6. Bore hole dia. <u>6</u> in. Completion date _____ Well depth <u>70</u> ft. <u>8-9-77</u>		
			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: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>70</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>540</u>		
5. Type and color of material			10. Screen: Manufacturer's name <u>Shup</u>		
			Type <u>slate</u> Dia. <u>4"</u>		
<u>Clay + silt, gray + brown</u>			Slot/gauze <u>3/32"</u> Length <u>20'</u>		
<u>Kiowa fm:</u>			Set between <u>50</u> ft. and <u>70</u> ft.		
<u>Shale, gray</u>			ft. and _____ ft.		
<u>Sandstone, fine</u>			Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8"</u>		
<u>Shale, gray</u>			11. Static water level: _____ mo./day/yr. <u>30</u> ft. below land surface Date <u>8-9-77</u>		
			12. Pumping level below land surfaces: <u>47</u> ft. after <u>42</u> hrs. pumping <u>5</u> 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. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> 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 <u>3</u> ft. to <u>13</u> ft.		
			16. Nearest source of possible contamination: ft. <u>70"</u> Direction <u>E</u> Type <u>stock pen</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		
			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>Nicholas Drilling 126</u> Business name _____ License No. _____ Address <u>Sandwich, Ks</u> Signed <u>Paul Faust</u> Date <u>8-12-77</u> Authorized representative		
18. Elevation: <u>~135</u>			19. Remarks:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 12  
 R 3W  
 Sec 27  
 SE 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