

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 Ottawa	Fraction NW 1/4 NE 1/4 NE 1/4	Section number 30	Township number T 12 S	Range number R 3W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: Dan Budke R.R. or street: 456 Tulane City, state, zip code: Salina Kans 67401			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>6</u> in. Completion date _____ Well depth <u>160</u> ft. <u>6/26/78</u>		
		<p>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</p> <p>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</p> <p>9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>160</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>2.00</u></p>		10. Screen: Manufacturer's name <u>Shop</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>1/16"</u> Length <u>10'</u> Set between <u>150</u> ft. and <u>160</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/10"</u>		
				11. Static water level: _____ no./day/yr. <u>74</u> ft. below land surface Date <u>6/26/78</u>		
5. Type and color of material		From	To	12. Pumping level below land surfaces: <u>ND</u> ft. after <u>1</u> hrs. pumping <u>25</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Clay, brown		0	2	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Known: Shale, yellow, red + gray		2	21	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
Shale, dark + light gray, some siltstone		21	109	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.		
Sandstone, fine, silty, some shale, gray		109	120	16. Nearest source of possible contamination: ft. <u>Open</u> Direction <u>field</u> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Sandstone, fine, silty, gray-white		120	160	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)				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. Hydramatic Drilling 126 Business name _____ License No. _____ Address <u>Salina Kans</u> Signed <u>D.J. Felt</u> Date <u>7/6/78</u> Authorized representative _____		
18. Elevation:	19. Remarks:		20. Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 12 S R 30 W Sec 30 NW 1/4 NE 1/4

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

Form WWC-5