

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>SW 1/4 NW 1/4 NE 1/4</u>		Section number <u>30</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>1 N - 3 E</u> Street address of well location if in city: <u>Culver</u>				3. Owner of well: <u>Ken Cochran</u> R.R. or street: <u>1409 Arapahoe</u> City, state, zip code: <u>Salina KS 67401</u>							
4. Locate with "X" in section below: Sketch map: N W E S 1 Mile				6. Bore hole dia. <u>6</u> in. Completion date <u>7-8-76</u> Well depth <u>149</u> ft.		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				From		To		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			
<u>Colluvium:</u>								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>149</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>School 40</u>			
<u>Silt &amp; clay sandy, tan</u>				<u>0</u>		<u>24</u>		10. Screen: Manufacturer's name <u>Sloop</u> Type <u>Sloata</u> Dia. <u>4"</u> Slot/gauze <u>1/16</u> Length <u>10</u> Set between <u>139</u> ft. and <u>149</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/10"</u>			
<u>Quia fm:</u>								11. Static water level: _____ mo./day/yr. <u>66</u> ft. below land surface Date <u>7-9-76</u>			
<u>Shale, blue-gray, interbedded</u>				<u>24</u>		<u>112</u>		12. Pumping level below land surfaces: _____ ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
<u>with some fine sandstone</u>								13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
<u>Sandstone, medium, subite</u>				<u>112</u>		<u>150</u>		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade			
								15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" 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. _____ Direction _____ Type _____ 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>Hydraulic Drilling 126</u> Business name _____ License No. _____ Address <u>Salina News</u> Signed <u>Orl Fent</u> Date <u>9-1-76</u> Authorized representative			
18. Elevation:		19. Remarks:									
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley											

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

Form WWC-5