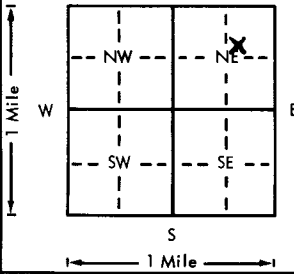


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Ottawa	Fraction SW 1/4 NE 1/4 NE 1/4	Section number 35	Township number T 12 S	Range number R 3 W E/W
2. Distance and direction from nearest town or city: 5 miles south Bennington			3. Owner of well: Bud Sullivan R.R. or street: Rt 1 City, state, zip code: Bennington Ks. 67422		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 6 in. Completion date 3-24-77 Well depth 125 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	
Colluvium:				9. Casing: Material <input type="checkbox"/> Height: <input checked="" type="checkbox"/> Above <input type="checkbox"/> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia 4 in. to 125 ft. depth Wall Thickness: inches or Dia 4 in. to <input type="checkbox"/> ft. depth gage No. 5, 40	
Clay, silty, brown		0	11	10. Screen: Manufacturer's name Shop Type slots Dia. 4" Slot/gauze 3/32" Length 10' Set between 115 ft. and 125 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8"	
Dakota + Kiowa fms:				11. Static water level: <input type="checkbox"/> mo./day/yr. 79 ft. below land surface Date 3-24-77	
Sandstone, fine + shale, yellow		11	19	12. Pumping level below land surfaces: 85 ft. after 2 hrs. pumping 8 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 16 g.p.m.	
Shale, gray, red + yellow		19	68	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
Sandstone, fine		68	71	14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade	
Shale, gray		71	115	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
Sandstone, fine		115	125	16. Nearest source of possible contamination: ft. 500' Direction South Type pond Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. Hydraulic Drilling License No. 126 Business name Salina No Address Salina No Signed Ol. Font Date 4-11-77 Authorized representative	
18. Elevation: 21375 Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: (Use a second sheet if needed)			

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

Form WWC-5