

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 <b>OTTOWA</b>	Fraction <b>SE 1/4 NE 1/4 SW 1/4</b>	Section number <b>24</b>	Township number <b>T 12 S R 4 E W</b>	Range number <b>4</b>
2. Distance and direction from nearest town or city: <b>1 N - 2 1/2 E</b>			3. Owner of well: <b>HOWARD NELSON</b>			
Street address of well location if in city: <b>CULVER</b>			R.R. or street: <b>R ROUTE</b>			
			City, state, zip code: <b>CULVER, KANSAS 67435</b>			
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. <b>8</b> in. Completion date _____
						Well depth <b>157</b> ft. <b>12-19-77</b>
						7. 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 <b>PVC</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>3</b> lbs./ft. Dia <b>5</b> in. to <b>157</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1258</b>
5. Type and color of material			From	To	10. Screen: Manufacturer's name <b>PUMPCO</b>	
<b>TOPSOIL</b>			<b>0</b>	<b>3</b>	Type <b>PVC</b> Dio. <b>5"</b>	
<b>BLUE CLAY</b>			<b>3</b>	<b>6</b>	Slot gauze <b>1/16</b> Length <b>10'</b>	
<b>BROWN CLAY</b>			<b>6</b>	<b>17</b>	Set between <b>147</b> ft. and <b>157</b> ft. ft. and _____ ft.	
<b>SANDROCK</b>			<b>17</b>	<b>19</b>	Gravel pack? <b>YES</b> Size range of material <b>1/4 X 1/4</b>	
<b>BLUE CLAY</b>			<b>19</b>	<b>50</b>	11. Static water level: _____ mo./day/yr. <b>40</b> ft. below land surface Date <b>12-19-77</b>	
<b>SANDROCK</b>			<b>50</b>	<b>53</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.	
<b>BLUE CLAY</b>			<b>53</b>	<b>56</b>	Estimated maximum yield <b>60</b> g.p.m.	
<b>BROWN CLAY</b>			<b>56</b>	<b>60</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<b>BLUE CLAY w/ SR LAYERS</b>			<b>60</b>	<b>115</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
<b>SANDROCK</b>			<b>115</b>	<b>157</b>	15. Well grouted? <b>YES</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
<b>BLUE SHALE STOP</b>			<b>157</b>		16. Nearest source of possible contamination: <b>FEED LOT</b> ft. <b>200</b> Direction <b>WEST</b> Type <b>LOT</b> 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)					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. <b>GEN COX &amp; SONS INC 258</b> Business name _____ License No. _____ Address <b>ELIOTON KANS 66937</b> Signed <b>Howard Cox</b> Date <b>12-19-77</b> Authorized representative	
18. Elevation:	19. Remarks:					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

12-4 E W 24 SE NE SW  
1/4 1/4 1/4 1/4

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

Form WWC-5