

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>NW 1/4 NE 1/4 NE 1/4</u>	Section number: <u>29</u>	Township number: <u>T 12 S</u>	Range number: <u>R 4W E/W</u>
2. Distance and direction from nearest town or city: <u>NW</u> Street address of well location if in city: <u>2 1/2 mi. NW of Culver KS</u>			3. Owner of well: <u>RE Cobb</u> R.R. or street: <u>1729 Glen</u> City, state, zip code: <u>Salina KS 67401</u>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile Sketch map: 			6. Bore hole dia. <u>6</u> in. Completion date: <u>4-27-77</u> Well depth: <u>38.5</u> ft.		
5. Type and color of material			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		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
From To			9. Casing: Material <input type="checkbox"/> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface: <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>4</u> in. to <u>38.5</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>Sch 40</u>		
			10. Screen: Manufacturer's name: <u>Shup</u> Type: <u>slots</u> Dia. <u>4"</u> Slot/gauze: <u>3/32"</u> Length: <u>3'</u> Set between <u>35.5</u> ft. and <u>38.5</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: <u>3/8"</u>		
Alluvium:			11. Static water level: <u>11</u> ft. below land surface Date: <u>4-27-77</u> mo./day/yr.		
Clay, tan			12. Pumping level below land surfaces: <u>21</u> ft. after <u>4</u> hrs. pumping <u>5</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>8</u> g.p.m.		
Sand, fine, silty			13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <u>4-27-77</u> mo./day/yr.		
Gravel, fine to coarse & sand			14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
Krieger:			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.		
Shale, dark gray			16. Nearest source of possible contamination: ft. <u>600'</u> Direction <u>S</u> Type <u>stock shed</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		
(Use a second sheet if needed)					
18. Elevation: <u>~1270</u>		19. Remarks:		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 Co 126</u> Business name License No. _____ Address: <u>Salina KS</u> Signed: <u>Ol' Feat</u> Date: <u>5-27-77</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

T 12 S R 4W NE 1/4 NE 1/4

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

Form WWC-5