

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

AAA

1. Location of well:	County <b>Logan</b>	Fraction <b>NE 1/4 NE 1/4 NE 1/4</b>	Section number <b>19</b>	Township number <b>T 13 S</b>	Range number <b>R 35 E/W</b>
2. Distance and direction from nearest town or city: <b>3 W 1 N Russell Springs, Kansas</b> <small>Street address of well location if in city:</small>			3. Owner of well: <b>Charles Ward</b> R.R. or street: <b>Winona, Kansas 67764</b> City, state, zip code:		
4. Locate with "X" in section below: <div style="text-align:center;">N 1 Mile W E S 1 Mile</div>		Sketch map: 		6. Bore hole dia. <b>4.2</b> in. Completion date <b>5/5/77</b> Well depth <b>42</b> ft.	
5. Type and color of material		From		To	
		Top Soil		0 8	
Sand and Clay Strips		8		16	
Sand		16		40	
Shale		40		42	
<b>BROCK 40'</b>					
				11. Static water level: <b>17</b> ft. below land surface Date _____	
				12. Pumping level below land surfaces: ____ ft. after <b>NA</b> hrs. pumping _____ g.p.m. ____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: <b>NO</b> Pitless adapter _____ inches above grade	
				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>0</b> ft. to <b>12</b> ft.	
				16. Nearest source of possible contamination: ft. _____ Direction <b>none</b> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____	
				17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP <b>7 1/2</b> Volts <b>230</b> Length of drop pipe <b>40</b> ft. capacity <b>250</b> g.p.m. Type: ____ Submersible _____ <input checked="" type="checkbox"/> Turbine ____ Jet _____ Reciprocating ____ Centrifugal _____ Other _____	
18. Elevation:  Topography: ____ Hill ____ Slope ____ Upland <input checked="" type="checkbox"/> Valley		(Use 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>Bartell Drilling 139</b> Business name License No. Address <b>Winona, Kansas</b> Signed <b>Joyce Bartell</b> Date <b>12/27/77</b> Authorized representative	
Remarks: 					

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

Form WWC-5