

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>Putt</u>		Fraction <u>SW 1/4</u> 1/4 1/4 1/4		Section number <u>10</u>	Township number <u>T 26</u>	Range number <u>S R 12</u>
2. Distance and direction from nearest town or city: <u>2 miles North of West Putt</u> Street address of well location if in city:				3. Owner of well: <u>Norman Schwant Ferguson</u> R.R. or street: <u>RR1</u> City, state, zip code: <u>Puttston 67569</u>		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>70</u> ft. <u>5 18 78</u>		
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 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 <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2 feet</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>70</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>14</u>		
				10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>Pottle</u> Dia. <u>5</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>50</u> ft. and <u>70</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u>		
				11. Static water level: _____ mo./day/yr. <u>30</u> ft. below land surface Date <u>5 18 78</u>		
				12. Pumping level below land surfaces: _____ ft. after <u>1 1/4</u> 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 type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>5 18 78</u>		
				14. Well head completion: <u>Well Head</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade		
				15. Well grouted? _____ With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>1</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>SW</u> Type <u>Human</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>Stax Pipe</u> Model number <u>89</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>42</u> ft. capacity <u>15</u> g.p.m. Type: <input checked="" 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>Concrete slab to be installed by customer 4x4 slab and well house -</u>		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>Weber Well Service 226</u> Business name _____ License No. _____ Address <u>Marshall Korman</u> Signed <u>Don A Weber</u> Date <u>5 18 78</u> Authorized representative		

T 26 R 12 S 12 Sec 10 1/4 1/4 1/4 C 5 W

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

Form WWC-5