

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<br><u>Dickinson</u> | Fraction<br><u>SE 1/4 SE 1/4 NE 1/4</u>   | Section number<br><u>3</u> | Township number<br>T <u>13</u> S R <u>1</u>  | Range number<br><u>EA</u> |
| 2. Distance and direction from nearest town or city: <u>3 mile West of 7 mile North of Abilene</u>  |  |                            | 3. Owner of well: <u>Virgil Marsteller</u><br>R.R. or street: <u>Rt 4 Abilene, Kan</u><br>City, state, zip code:  |                            |  |                           |
| 4. Locate with "X" in section below:  |  |                            | Sketch map:   |                            | 6. Bore hole dia. <u>10</u> in. Completion date <u>12-31-76</u><br>Well depth <u>62</u> ft.  |                           |
|   |  |                            |   |                            | 7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |                           |
| <u>Sandy</u>  |  |                            | <u>0</u>  | <u>28</u>                  | 9. Casing: Material <u>PVC</u> Height <u>Above</u> or below<br>Threaded <input type="checkbox"/> Welded <u>glw</u> Surface <u>16</u> in.<br>RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <u>5</u> in. to <u>46</u> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <u>200</u>  |                           |
| <u>Lite Shale</u>   |  |                            | <u>28</u>   | <u>36</u>                  | 10. Screen: Manufacturer's name <u>Sunflower</u><br>Type <u>RMP</u> Dia. <u>5"</u><br><input checked="" type="checkbox"/> Slot gauze <u>16</u> Length <u>16'</u><br>Set between <u>46</u> ft. and <u>62</u> ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-12</u>   |                           |
| <u>LIME Shells An Clay - Lite</u>   |  |                            | <u>36</u>   | <u>46</u>                  | 11. Static water level: _____ mo./day/yr.<br><u>40</u> ft. below land surface Date <u>12-31-76</u>   |                           |
| <u>LIME gray</u>  |  |                            | <u>46</u>   | <u>47</u>                  | 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <u>2.0</u> g.p.m.  |                           |
| <u>Shale - Blue</u>   |  |                            | <u>47</u>   | <u>55</u>                  | 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____  |                           |
| <u>LIME - Yel</u>   |  |                            | <u>55</u>   | <u>58</u>                  | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter _____ Inches above grade   |                           |
| <u>Shale - Dark Blu</u>   |  |                            | <u>58</u>   | <u>62</u>                  | 15. Well grouted? <u>Yes</u><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <u>3</u> ft. to <u>13</u> ft.  |                           |
|   |  |                            |   |                            | 16. Nearest source of possible contamination:<br>ft. <u>50'</u> Direction <u>360</u> Type <u>Pasture</u><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                           |
|   |  |                            |   |                            | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                           |
|   |  |                            |   |                            | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Zinn Water Well Drilling 218</u><br>Business name _____ License No. _____<br>Address <u>Box 56C Lost Springs, Kan</u><br><u>Joseph P. Zinn</u><br>Authorized representative _____ Date <u>1-20-77</u>  |                           |
| 18. Elevation:  |  |                            | 19. Remarks: <u>This well was drilled in pasture, it would be an undetermined &amp; unknown distance to the contamination other than the cattle on the land. The landowner will protect the well for 50 ft.</u> |                            |  |                           |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley |  |                            |   |                            |  |                           |

L3 - 10 - 3 SE SE NE 1/4 1/4 1/4

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

Form WWC-5