WATER WELL RECORD KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

	County	Fraction	Section number		Township number	Range number		
1. Location of well:		NE 1/4 SE 1/4 NW 1/4	[]	3	T 13 s	R	€)w	
2. Distance and direction from nearest town or city: 3 mile North and 3 Mile West of Abilene Street address of well location if in city: Dickins Som NE 1/4 SE 1/4 NW 1/4 3 T /3 S R (E)N 3. Owner of well: Marsteller's R.R. or street: Rt 4 City, state, zip code: Abilene, Kan								
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					6. Bore hole dia. 672 in Well depth 60 ft.		21-77	
w w w	NE	Note the Pasture			7XCable tool Rotary Hollow rod Jetted 8. Use: Domestic P	Driven Dug Bored Reve	rse rotary Justry	
SW SE					9. Casing: Material PITS Threaded Welded	Height: Above or b	<u>2in.</u>	
S 1 Mile ————					RMPXPVC			
5. Type and color of material				То	Dia in. to ft. dep		ver	
Sandy	Loan		0	2	Type RMP	Dig 5"		
FINE SAND				15	Slot gauze	_ Length	ft	
Sandy Clay Box			15	20	Gravel pack? ft. o	and	ft.	
Clay - Life aray				21	11. Static water level-		/day/yr.	
Shale - Brownish Yellow				33	12. Pumping level below land	d surfaces:		
Shale- Like aray				43	ft. after	hrs. pumping	g.p.m.	
LimE - Broken (re-worked) TAN 110 gpm				44	Estimated maximum yield			
Shale - BlueBlack Soft				59	Yes X No Date			
Shale - Black hd				68	Pitless adapter /2 Inches above grade 15. Well grouted? 15. Well grouted?			
LIME - Gray				70	With: Neat cement Bentonite X Concrete Depth: From Depth: From ft. to 10 ft.			
Shale- Like Blue				77	16. Nearest source of possible contamination: ft. 100 Direction 5 Type Draw in the			
Lime - Gray hd.				80	Well disinfected upon completion? Yes No			
·					17. Pump: Manufacturer's name Model number	Not installed HP Vol:		"
					Length of drop pipe			€()
			ļ		Type: Submersible	Turbine		i/
	(Use a second s	heet if needed)			Jet Centrifugal	Recipro	cating	
18. Elevation: 19. Remarks:					20. Water well contractor's This well was drilled under m		report	
Topography:					is true to the best of my know	vledge and belief.	218	3/2
Hill Slope					Business name Address OSC Sp	rings Kan	ense No.	38 ×
Upland Valley	or Growt				Signed Authorized rep	Date Date	7-22-7	3/3
Forward the white blu	e and pink copies to the Department	of Health and Environment				Form WW	C-5	6