

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 Dickinson	Fraction SE 1/4 SE 1/4 NW 1/4	Section number 3	Township number T 13 S R 1	Range number 1
2. Distance and direction from nearest town or city: 3 1/2 mile North and 4 1/2 mile East of Solomon Street address of well location if in city:			3. Owner of well: Mrs. Virgil Manstetter R.R. or street: RT 4 Abilene, Kan City, state, zip code:			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 6 1/4 in. Completion date 9-8-21 Well depth 70 ft.		
				7. <input checked="" type="checkbox"/> Cable tool <input 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		
5. Type and color of material				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP <u>see</u> PVC <u>(19)</u> Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>1200</u>		
				10. Screen: Manufacturer's name <u>Sunflower</u> Type <u>RMP</u> Dia. <u>5"</u> Slot gauze <u>1/8</u> Length <u>37'</u> Set between <u>33</u> ft. and <u>70</u> ft. ft. and _____ ft. Gravel pack? <u>NO</u> Size range of material _____		
				11. Static water level: _____ mo./day/yr. <u>8</u> ft. below land surface Date <u>9-8-21</u>		
				12. Pumping level below land surfaces: <u>33</u> ft. after <u>4</u> hrs. pumping <u>110</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>110</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>Pasture</u> ft. <u>60</u> Direction <u>West</u> Type <u>RAVINE</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>Valley</u> Model number <u>4HH</u> HP <u>3</u> Volts <u>460</u> Length of drop pipe <u>55</u> ft. capacity <u>110</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		
18. Elevation:		19. Remarks: <u>(9)</u> (Use a 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. <u>Zinn Water Well Drilling 218</u> Business name _____ License No. _____ Address <u>Lost Springs, Kan</u> Signed <u>Joseph A. Zinn</u> Date <u>9-12-21</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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 1/4

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

Form WWC-5