

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 <b>Dickinson</b>	Fraction <b>NE 1/4 NE 1/4 NE 1/4</b>	Section number <b>8</b>	Township number <b>T 13</b>	Range number <b>S R 1 E</b>	E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>John Betz</b> R.R. or street: <b>Solomon Electric Co</b> City, state, zip code: <b>Solomon, Kans. 67480</b>			
4. Locate with "X" in section below:		Sketch map:		<input checked="" type="checkbox"/> Bore hole dia. <b>6</b> in. Completion date _____ Well depth <b>30</b> ft. <b>11/1/78</b>		
N  S 1 Mile				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		
5. Type and color of material		From	To	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 _____ Height <input checked="" type="checkbox"/> Above or below Threaded _____ Welded _____ Surface <b>24</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>30</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>		
Alluvium: Silt, sandy, gray brown		0	9	10. Screen: Manufacturer's name <b>shop</b> Type <b>slots</b> Dia. <b>4"</b> Slot/gauze <b>3/32"</b> Length <b>3'</b> Set between <b>27</b> ft. and <b>30</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/8"</b>		
Wellington fm: Shale, gray-green & dark blue-gray		9	28	11. Static water level: _____ mo./day/yr. <b>18</b> ft. below land surface Date <b>11/1/78</b>		
Shale, broken, yellow & gray (open fracture at 28 ft.)		28	32	12. Pumping level below land surfaces: <b>18</b> ft. after <b>2</b> hrs. pumping <b>5.5</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>5.5</b> 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 <b>24</b> inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.		
				16. Nearest source of possible contamination: ft. <b>open field</b> Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input 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:	19. Remarks:		20. Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	Cl. - 60ppm Total hardness 256 ppm		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Hephland Drilling Co - 126</b> Business name _____ License No. _____ Address <b>Salina Kans</b> Signed <b>O.J. Funt</b> Date <b>11/7/78</b> Authorized representative			

T 13  
 R 1 E  
 W 8  
 Sec 8  
 1/4 1/4 1/4  
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Forward the white, blue and pink copies to the Department of Health and Environment

Farm WWC-5