

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><b>Dickinson</b> | Fraction <b>NE 1.5 Acre of</b><br><b>NE 1/4 NW 1/4 NE 1/4</b>             | Section number<br><b>12</b>  | Township number<br><b>T 13</b> | Range number<br><b>S R 1 E E/W</b> |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city: |  |                            | 3. Owner of well:<br>R.R. or street:<br>City, state, zip code:            |  |                                |                                    |
| 2. West & 2 North<br>of Abilene, Kan  |  |                            | <b>Bale Taylor</b><br><b>801 North Olive</b><br><b>Abilene, Kan 67410</b> |  |                                |                                    |
| 4. Locate with "X" in section below:  |  | Sketch map:                |   | 6. Bore hole dia. <u>11</u> in. Completion date <b>9-10-75</b><br>Well depth <b>80</b> ft.   |                                |                                    |
|   |  |                            |   | 7. <input type="checkbox"/> 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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other   |                                |                                    |
| <b>Blow Sand</b>  |  | <b>0</b>                   | <b>5</b>  | 9. Casing: Material <b>PiPs</b> Height: <b>Above</b> or below<br>Threaded <input type="checkbox"/> Welded <b>Gh</b> Surface <b>18</b> in.<br>RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <b>5</b> in. to <b>80</b> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. _____  |                                |                                    |
| <b>Sandy clay Brn</b>   |  | <b>5</b>                   | <b>9</b>  | 10. Screen: Manufacturer's name _____<br>Type <b>RMP</b> Dia. <b>5</b><br>Slo gauze <b>1/16</b> Length <b>42</b><br>Set between <b>38</b> ft. and <b>80</b> ft.<br>_____ ft. and _____ ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4-1/2</b>   |                                |                                    |
| <b>Shale lite</b>   |  | <b>9</b>                   | <b>15</b>   | 11. Static water level: _____ mo./day/yr.<br><b>35</b> ft. below land surface Date <b>9-10-75</b>  |                                |                                    |
| <b>LIME Wht</b>   |  | <b>15</b>                  | <b>17</b>   | 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 <b>15</b> g.p.m.   |                                |                                    |
| <b>Shale Yellow</b>   |  | <b>17</b>                  | <b>20</b>   | 13. Water sample submitted: _____ mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |                                |                                    |
| <b>SAND STONE Grey</b>  |  | <b>20</b>                  | <b>25</b>   | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>18</b> inches above grade   |                                |                                    |
| <b>Shale Grey</b>   |  | <b>25</b>                  | <b>38</b>   | 15. Well grouted? <b>Yes</b><br>With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>6</b> ft. to <b>16</b> ft.  |                                |                                    |
| <b>SAND STONE Brn H2O</b>   |  | <b>38</b>                  | <b>40</b>   | 16. Nearest source of possible contamination: <b>Will be</b><br>ft. <b>75</b> Direction <b>NE</b> Type <b>Septic</b><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                |                                    |
| <b>Shale Grey</b>   |  | <b>40</b>                  | <b>44</b>   | 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 |                                |                                    |
| <b>LIME Grey</b>  |  | <b>44</b>                  | <b>46</b>   | 18. Elevation:   |                                |                                    |
| <b>Shale Blue</b>   |  | <b>46</b>                  | <b>56</b>   | 19. Remarks: <b>Concrete slab to be installed below pitless adapter by Grant Felhnd he knows of the regulation and is a plumber.</b>   |                                |                                    |
| <b>Shale Red rock - &amp; Green</b>   |  | <b>56</b>                  | <b>62</b>   | 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><b>Zinn Water Well Drilling 218</b><br>Business name _____ License No. _____<br>Address <b>East Springs, Kan</b><br>Signed <b>Joseph A. Zinn</b> Date <b>9-10-75</b><br>Authorized Representative   |                                |                                    |
| <b>Shale Blue</b>   |  | <b>62</b>                  | <b>78</b>   | 18. Elevation:<br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley  |                                |                                    |
| <b>LIME Grey</b>  |  | <b>78</b>                  | <b>80</b>   |  |                                |                                    |

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

Form WWC-5