

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 NE 1/4 SE 1/4 NE 1/4 Section number 12 Township number T 13 Range number S R 1 EW	
2. Distance and direction from nearest town or city: 2 mile West 1 1/2 mile North of Abilene Street address of well location if in city: Abilene, Kan	
3. Owner of well: Leo Hocker R.R. or street: Rt 4 City, state, zip code: Abilene, Kan	
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> </div> <div> <p>Sketch map: </p> </div> </div>	
5. Type and color of material	
	From To
Top Soil - Brn	0 4
LIME - Yellow	4 6
Shale - Yellow	6 10
Broken LIME - Yellow	10 12
Shale - Yellow	12 20
SANDY Clay - Compact Gray	20 22
SAND STONE - Brn	22 26
Shale - Gray	26 38
Shale - Blu	38 44
LIME Shell - Wht.	44 45
Shale - Like Blu	45 52
Red Rock - Red	52 63
Shale - Gray 72' water	63 72
Shale - Blu	72 80
LIME - Gray	80 82
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: concret slab to be installed by Ernie Fellbusch. He knows of the and has done it before
6. Bore hole dia. 7 3/8 in. Completion date 12-3-75 Well depth 82 ft.	
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	
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 RMP Height: 16 in. Above or below Threading: glu Surface 16 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 70 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200	
10. Screen: Manufacturer's name Jesse Lowell Type RMP Dia. 5 1/2 Slot gauge 1/16 Length 12' Set between 70 ft. and 82 ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____	
11. Static water level: _____ mo./day/yr. 58 ft. below land surface Date 12-3-75	
12. Pumping level below land surfaces: 13 ft. after 1 hrs. pumping 10 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
14. Well head completion: <input type="checkbox"/> Pitless adapter 16 inches above grade	
15. Well grouted? Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 3 ft. to 13 ft.	
16. Nearest source of possible contamination: ft. 100 Direction West Type BARN 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	
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. Zinn Water Well Drilling 210 Business name _____ License No. _____ Address East Springs, Kan Signed Joseph D. Zinn Date 12-4-75 Authorized representative	

13 - 10 - 12 NE SE NE
1/4 3/4

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

Form WWC-5