

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Dickinson	Township name Lincoln NW	Fraction NE 1/4 of SE 1/4	Section number 23	Town number T 13 S	Range number R 1 E																																																																																																																																																																			
Distance and direction from nearest town or city: Approx. 800' S. of Sand Springs, Ks				3 Owner of well: Rural Water Dist. No. 2 Dickinson, Co., Ks Address: RFD #3 P.O. Box 115B Salina, Ks 67401																																																																																																																																																																					
Locate with "X" in section below:		Sketch map:																																																																																																																																																																							
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Date of completion: 1-10-75</td> <td colspan="2">Well diameter 16 in.</td> </tr> <tr> <td>5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug</td> <td colspan="2"><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary</td> </tr> <tr> <td>6 Use: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Public supply <input type="checkbox"/> Industry</td> <td colspan="2"><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Test well <input type="checkbox"/></td> </tr> <tr> <td>7 Casing: Material Steel Height: above/below</td> <td colspan="2">Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in.</td> </tr> <tr> <td colspan="3">Diam. 12 in. to 30.5 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="3">_____ in. to _____ ft. depth</td> </tr> <tr> <td>8 Screen:</td> <td colspan="2">NONE</td> </tr> <tr> <td colspan="3">Manufacturer _____</td> </tr> <tr> <td colspan="3">Type _____ Dia. _____</td> </tr> <tr> <td colspan="3">Slot/gauze _____ Length _____</td> </tr> <tr> <td colspan="3">Set between _____ ft. and _____ ft.</td> </tr> <tr> <td colspan="3">Fittings:</td> </tr> <tr> <td colspan="3">Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____</td> </tr> <tr> <td colspan="3">9 Static water level: 19.9 ft. below land surface Date 1-10-75</td> </tr> <tr> <td colspan="3">10 Pumping level below land surfaces:</td> </tr> <tr> <td colspan="3">_____ ft. after _____ hrs. pumping _____ g.p.m.</td> </tr> <tr> <td colspan="3">_____ ft. after _____ hrs. pumping _____ g.p.m.</td> </tr> <tr> <td colspan="3">Estimated maximum yield _____ g.p.m.</td> </tr> <tr> <td colspan="3">11 Water sample submitted:</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____</td> </tr> <tr> <td colspan="3">12 Well head completion:</td> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade</td> </tr> <tr> <td colspan="3">13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____</td> </tr> <tr> <td colspan="3">Depth: From 30.5 ft. to 1 ft.</td> </tr> <tr> <td colspan="3">14 Nearest source of possible contamination:</td> </tr> <tr> <td colspan="3">ft. _____ Direction _____ Type _____</td> </tr> <tr> <td colspan="3">Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="3">15 Pump:</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Not installed</td> </tr> <tr> <td colspan="3">Manufacturer's name Jacuzzi</td> </tr> <tr> <td colspan="3">Model number 3056THP 30 Volts 230</td> </tr> <tr> <td colspan="3">Length of drop pipe 22 ft. capacity 230 g.p.m.</td> </tr> <tr> <td colspan="3">Type:</td> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other</td> </tr> <tr> <td colspan="7" style="text-align:center;">(use a second sheet if needed)</td> </tr> <tr> <td colspan="4">16 Remarks: elevation Well No. 1 The East Well</td> <td colspan="3">17 Water well contractor's certification:</td> </tr> <tr> <td colspan="4">Topography:</td> <td colspan="3">This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Hill</td> <td colspan="3">Layne Western Co 102</td> </tr> <tr> <td colspan="4"><input checked="" type="checkbox"/> Slope</td> <td colspan="3">Business name _____ License No. _____</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Upland</td> <td colspan="3">Address 1011 W. 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Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5