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

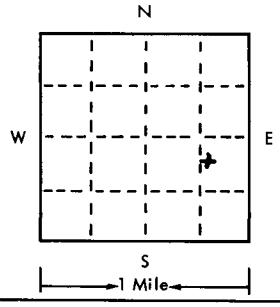
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Dickinson	Lincoln NW	NE¼ of SE¼	23	T 13 S	R 1 E

Distance and direction from nearest town or city: Across river & approx. 800' So. of Sand Springs, Ks
Street address of well location if in city:

3 Owner of well: Rural Water District No 2 Dickinson Co., Ks
Address: RFD #3 P.O. Box 115B Salina, Ks 67401

Locate with "X" in section below:



Sketch map:

CAP

4 Well depth: 30 ft. Date of completion 1-10-75
Well diameter 16 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☐ Domestic ☒ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐

7 Casing: Material Steel Height: above/below
Threaded ☐ Welded ☒ Surface ___ in.
Diam. 12 in. to 28 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☐ No

2

Type and color of material	From	To
Top Soil	0	2
Clay & Silt	2	15
Fine Sand	15	20
Fine to Medium Sand	20	22
Blue Clay & Silt	22	25
Rock & Lime Shale	25	31
Crack ± 6 inches		
Drilled Blind to		38
(use a second sheet if needed)		

8 Screen:
Manufacturer ___
Type ___ Dia. ___
Slot/gauze ___ Length ___
Set between ___ ft. and ___ ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material ___

9 Static water level:
19.8 ft. below land surface Date 1-10-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☒ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 28 ft. to 1 ft.

14 Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☐ Not installed
Manufacturer's name Jacuzzi
Model number 305627 HP 30 Volts 230
Length of drop pipe 21 ft. capacity 230 g.m.p.
Type:
☒ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: ~~elevation~~ Well No. 2
The West Well

Topography:
☐ Hill
☒ Slope
☐ Upland
☐ Valley

17 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.
Layne Western Co 102
Business name License No.
Address 1011 W. Harry Wichita
Signed [signature] Date 1/27/75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H