

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>SW 1/4 NE 1/4 SW 1/4</b>	Section number <b>19</b>	Township number <b>T 13 S</b>	Range number <b>R 2E E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1 1/2 Mi W Abilene Ks</b>			3. Owner of well: <b>City of Abilene</b> R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	
Cement inside old city well					
No. 4 (Greyhound track) to stop sand pumping:					
set 40 ft of 36" .25 wall					
Mild steel casing inside 48" concrete casing + poured wire-reinforced concrete in annular space. Left lower 5' of well open to old laterals of original hand-dug radial well					
(Use a second sheet if needed)					
6. Bore hole dia. <b>ND</b> in. Completion date _____ Well depth <b>45</b> ft. <b>ND</b>	7. <input type="checkbox"/> Cable tool <input 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 type="checkbox"/> Domestic <input checked="" 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 <b>Concrete</b> Weight: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <b>48</b> in. to <b>42</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. _____		
10. Screen: Manufacturer's name <b>Reported - Radials 4" diameter</b> Type <b>ND</b> Dia. <b>4" ?</b> Slot/gauze <b>ND</b> Length <b>ND</b> Set between _____ ft. and <b>41'</b> ft. _____ ft. and _____ ft. Gravel pack? <b>No</b> Size range of material _____			11. Static water level: _____ mo./day/yr. <b>22</b> ft. below land surface Date <b>Oct 6, 1977</b>		
12. Pumping level below land surfaces: <b>385</b> ft. after <b>4</b> hrs. pumping <b>160</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>160</b> 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 <b>30</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>0</b> ft. to <b>45</b> ft.		
16. Nearest source of possible contamination: ft. <b>ND</b> Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			17. Pump: _____ Not installed Manufacturer's name <b>Goulds</b> Model number <b>4H66LM</b> HP <b>10</b> Volts <b>230</b> Length of drop pipe <b>37.7</b> ft. capacity <b>130</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation:	19. Remarks: <b>3rd attempt to close breaks in old concrete casing - this time apparently successful, former attempts were giant outside casing.</b>		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. <b>Hydramatic Drilling Co</b> <b>126</b> Business name _____ License No. _____ Address <b>Salina, Kansas</b> Signed <b>O. J. Hart</b> <b>4/2/79</b> Date Authorized representative		

T 13 S R 20 W 19 Sec 1/4 1/4 1/4 SWNESEW

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

Form WWC-5