

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 SE 1/4 NE 1/4 SE 1/4	Section number 29	Township number T 14 S	Range number R 2 (E/W)
2. Distance and direction from nearest town or city: 8 Mile South of Abilene			3. Owner of well: Fred Schwendener		
Street address of well location if in city:			R.R. or street: Rt 2		
			City, state, zip code: Abilene, Kan		
4. Locate with "X" in section below:			Sketch map:		
5. Type and color of material			6. Bore hole dia. 2 1/2 in. Completion date 11-14-75 Well depth 72 ft.		
			7. <input checked="" 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: Above or below Threaded <input type="checkbox"/> Welded GL Surface 16" in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 52 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. .200		
			10. Screen: Manufacturer's name Jess F Lowel Type RMP Dia. 5" Slot gauze SB Length 20' Set between 52 ft. and 72 ft. Gravel pack? NO Size range of material		
			11. Static water level: 52 ft. below land surface Date 11-14-75 mo./day/yr.		
			12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 10 g.p.m.		
			13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date		
			14. Well head completion: <input type="checkbox"/> Pitless adapter 16" inches above grade		
			15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From ____ ft. to ____ ft.		
			16. Nearest source of possible contamination: ft. 300 Direction West Type Barry Yd. Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ 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		
			(Use a second sheet if needed)		
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Zimm Water Well Drilling 218 Business name Lost Springs Kan License No. _____ Address Joseph D Zimm Date 11-14-75 Signed _____ Authorized representative	

T 14 - 29 SE NE SE
R 2
Sec 29

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

Form WWC-5