

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 <b>Dickinson</b>	Township name	Fraction <b>sw-sw-sw</b>	Section number <b>1</b>	Town number <b>16</b>	Range number <b>4E</b>
Distance and direction from nearest town or city: <b>North edge of Herington</b>			3 Owner of well: <b>Robert Finley</b>			
Street address of well location if in city:			Address: <b>RFD 3 Herington, Kan</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>75</b> ft. Date of completion <b>2 Aug 75</b> Well diameter <b>6 1/4</b> in.		
				5 <input checked="" 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		
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
2		Type and color of material		From	To	7 Casing: Material <b>RMP</b> Height: <b>above</b> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>16</b> in. Diam. <b>5</b> in. to <b>40</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>5</b> in. to <b>40</b> ft. depth
		<b>Top Soil</b>		<b>0</b>	<b>1</b>	8 Screen: Manufacturer <b>J&amp;L</b> Type <b>RMP</b> Dia. <b>5"</b> <input checked="" type="checkbox"/> Slot gauze <b>Y8</b> Length <b>35</b> Set between <b>40</b> ft. and <b>75</b> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material <b>---</b>
		<b>LIME - white</b>		<b>1</b>	<b>14</b>	9 Static water level: <b>29</b> ft. below land surface Date <b>9 Aug 75</b>
		<b>Shale - Yel</b>		<b>14</b>	<b>21</b>	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>12</b> g.p.m.
		<b>Shale - Grey</b>		<b>21</b>	<b>36</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>---</b>
		<b>LIME - Yellow Soft &amp; Broken</b>		<b>36</b>	<b>43</b>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade <b>16"</b>
		<b>Red Rock - Water gradually increasing down thru Red Rock</b>		<b>43</b>	<b>64</b>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>14</b> ft.
		<b>LIME - Lite and broken</b>		<b>64</b>	<b>72</b>	14 Nearest source of possible contamination: ft. <b>60</b> Direction <b>Dove Hill</b> Type <b>Dog Kennel's</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<b>LIME - very solid</b>		<b>72</b>	<b>75</b>	15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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
16 Remarks: elevation		(use a second sheet if needed)				
		<b>Concrete slab to be installed by owner</b>				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <b>Zinn Water Well Drilling 318</b> Business name _____ License No. _____ Address <b>Last Springs Kan</b> Signed <b>Joseph A. Zinn</b> Date <b>10 Aug 75</b> Authorized representative				

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

Form WWC-5