

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 <i>Dickinson</i>	Township name <i>Lyon</i>	Fraction <i>SW⁴ SE⁴ NE⁴</i>	Section number <i>4</i>	Town number <i>165</i>	Range number <i>4E</i>																											
Distance and direction from nearest town or city: <i>1 1/2 mi west 1 1/2 mi North of Herington Ks.</i>				3 Owner of well: <i>Dorothy Albrecht</i>																													
Street address of well location if in city:				Address: <i>Lincolnvillle Kansas</i>																													
Locate with "X" in section below:		Sketch map:		4 Well depth: <i>39</i> ft. Date of completion <i>5-22-75</i> Well diameter <i>2</i> in. to <i>15' 7" 15' 39</i>																													
		<i>A DC</i>		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"/>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><i>Top Soil</i></td> <td style="text-align:center"><i>0</i></td> <td style="text-align:center"><i>3</i></td> </tr> <tr> <td><i>Yellow Clay</i></td> <td style="text-align:center"><i>3</i></td> <td style="text-align:center"><i>31</i></td> </tr> <tr> <td><i>Water</i></td> <td style="text-align:center"><i>31</i></td> <td></td> </tr> <tr> <td><i>Yellow clay</i></td> <td style="text-align:center"><i>32</i></td> <td style="text-align:center"><i>39</i></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		2 Type and color of material	From	To	<i>Top Soil</i>	<i>0</i>	<i>3</i>	<i>Yellow Clay</i>	<i>3</i>	<i>31</i>	<i>Water</i>	<i>31</i>		<i>Yellow clay</i>	<i>32</i>	<i>39</i>																7 Casing: <i>Plastic</i> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. Diam. <i>Class</i> Weight <i>160</i> lbs./ft. <i>5</i> in. to <i>39</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i> </i> in. to <i> </i> ft. depth!	
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8 Screen: Manufacturer <i>Junges Supply</i> Type <i>Plastic</i> Dia. <i>5"</i> Slot/gouze <i>2</i> Length <i>15</i> Set between <i>25</i> ft. and <i>39</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>3/4</i>																																	
9 Static water level: <i>25</i> ft. below land surface Date <i>5-22-75</i>																																	
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____																																	
12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade																																	
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 <i>3</i> ft. to <i>15</i> ft.																																	
14 Nearest source of possible contamination: <i>Pasture</i> ft. <i>75</i> Direction <i>East</i> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																	
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"/> Certrifugal <input type="checkbox"/> Other																																	
16 Remarks: elevation																																	
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. <i>Zachus Drilling 180</i> Business name _____ License No. _____ Address <i>Lampa, Ks.</i> Signed <i>Paul Zachus</i> Date <i>6-15-75</i> Authorized representative																																	

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

Form WWC-5