

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>Marion</b>		Fraction <b>SW 1/4 NE 1/4 NW 1/4</b>		Section number <b>14</b>	Township number <b>T 18 S R 4</b>	Range number <b>04</b>
2. Distance and direction from nearest town or city: <b>In Lincolnville Kans.</b>			3. Owner of well: <b>Mable Albrecht</b>			
Street address of well location if in city: <b>3rd. + Adams</b>			R.R. or street: <b>3rd. + Adams</b>			
			City, state, zip code: <b>Lincolnville, Kans. 66858</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>6</b> in. Completion date <b>12-11-78</b>		
				Well depth <b>107</b> ft.		
				7. <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		
				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 <b>Plastic</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>16</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2 1/2</b> lbs./ft. Dia. <b>5</b> in. to <b>67</b> ft. depth Well Thickness inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>32</b>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>Certain Teed</b>		
Black Top Soil		0	2	Type <b>Plastic</b> Dia. <b>5 in.</b>		
Brown Clay		2	10	Slot/gauze <b>3/32 x 4 in</b> Length <b>40 ft.</b>		
Light yellow Clay		10	15	Set between <b>67</b> ft. and <b>107</b> ft.		
Limestone Rock		15	24	Gravel pack? <b>No</b> Size range of material _____		
Dark yellow Clay		24	41	11. Static water level: _____ mo./day/yr. <b>44</b> ft. below land surface Date <b>12-11-78</b>		
Med. Red Clay		41	52	12. Pumping level below land surfaces: <b>65</b> ft. after <b>1/2</b> hrs. pumping <b>12</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
Dark Blue Shale		52	68	Estimated maximum yield <b>50</b> g.p.m.		
Light Gray Sand - Fine - Water		68	75	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Dark Blue Shale		75	82	14. Well head completion: <b>Well Cap</b> <input checked="" type="checkbox"/> Pitless adapter <b>14</b> Inches above grade		
Light Gray Sand - Med. - Water		82	96	15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>2 1/2</b> ft. to <b>20</b> ft.		
Dark Blue Shale		96	107	16. Nearest source of possible contamination: <b>Solid</b> ft. <b>18</b> Direction <b>N.</b> Type <b>Sewer</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <b>Red Jacket</b> Model number <b>50W1982</b> HP <b>1/2</b> Volts <b>220</b> Length of drop pipe <b>94</b> ft. capacity <b>12</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		
				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>Benda Drilling 161</b> Business name _____ License No. _____ Address <b>Lincolnville, Kans.</b> Signed <b>Paul H. Benda</b> Date <b>12-27</b> Authorized representative _____ 1978		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>Well is Complete.</b>				

T 18 S 4 R 04 Sec 14 SW NE NW

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

Form WWC-5