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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

SE 1/4 - SE 1/4 - NE 1/4 ADD

1. Location of well: County <u>Nemaha</u> Fraction <u>NE 1/4 NW 1/4 SW 1/4</u> Section number <u>35 26</u> Township number <u>T 1 S R 13</u> Range number <u>EW</u>	
2. Distance and direction from nearest town or city: <u>2 E - 2.5</u> Street address of well location if in city: <u>S of BERN</u>	
3. Owner of well: <u>MARTIN ESSLINGER</u> R.R. or street: <u>RR</u> City, state, zip code: <u>SABETHA, KS 66534</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>TOP SOIL</u>	<u>0 4</u>
<u>BROWN CLAY</u>	<u>4 30</u>
<u>BLUE CLAY</u>	<u>30 80</u>
<u>DIRTY GRAVEL (COARSE)</u>	<u>80 85</u>
<u>Blue shale</u>	<u>85 110</u>
<u>grey limestone</u>	<u>111 112</u>
<u>grey shale</u>	<u>112 120</u>
6. Bore hole dia. <u>10</u> in. Completion date <u>2-2-76</u> Well depth <u>120</u> 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 <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <u>GL</u> Weight <u>2.58</u> lbs./ft. Dia. <u>5</u> in. to <u>120</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>120</u> ft. depth gage No. <u>1258</u>	
10. Screen: Manufacturer's name <u>PUMPCO</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>.080</u> Length <u>20'</u> Set between <u>75</u> ft. and <u>95</u> ft. ft. and <u>95</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 X 3/8</u>	
11. Static water level: <u>80</u> ft. below land surface Date <u>2-2-76</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>AIR TEST</u> <u>80</u> ft. after <u>0</u> hrs. pumping <u>0</u> g.p.m. <u>80</u> ft. after <u>0</u> hrs. pumping <u>0</u> g.p.m. Estimated maximum yield <u>23</u> g.p.m.	
13. Water sample submitted: <u>0</u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date	
14. Well head completion: <u>CAPPED</u> <input type="checkbox"/> Pitless adapter <u>24</u> 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 <u>5</u> ft. to <u>15</u> ft.	
16. Nearest source of possible contamination: ft. <u>500</u> Direction <u>E</u> Type <u>SEPTIC TANK</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ 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	
18. Elevation: <u>1256</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
19. Remarks: <u>OWNER TO INSTALL SLAB</u>	
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. <u>Strader Drilling Co. Inc.</u> <u>182</u> Business name License No. Address <u>RT 1 Holton, KS</u> Signed <u>Dale Peterson</u> Date <u>2-27-76</u> Authorized representative	

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

Form WWC-5

BR=1171 V=1176