

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>Marion</i>	Township name <i>Milton</i>	Fraction <i>NE</i>	Section number <i>27</i>	Town number <i>22</i>	Range number <i>25</i>
Distance and direction from nearest town or city: Street address of well location if in city: <i>Burns</i>				3 Owner of well: <i>Stanley L. Linsel</i> Address: <i>Burns Burns</i>		
Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		
2				4 Well depth: <i>907</i> ft. Date of completion _____ Well diameter <i>9</i> in.		
Type and color of material				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		
<i>Gumbo</i>				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"/>		
<i>fine gravel</i>				Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>16</i> in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ Depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____		
<i>Shale</i>				Screen: <i>Blacker 20</i> Manufacturer <i>110</i> Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between <i>10</i> ft. and _____ ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
<i>fine</i>				9 Static water level: <i>30</i> ft. below land surface Date <i>11-14-26</i>		
<i>Shale</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.		
<i>fine</i>				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <i>16</i> 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>Top</i> ft. to <i>30</i> ft.		
				14 Nearest source of possible contamination: ft. <i>100</i> Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input 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				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>Shamp Water Well</i> Business name _____ License No. _____ Address <i>Marion Co 278</i> Signature <i>W. L. Linsel</i> Date <i>11-14-26</i>		

22 SE 27 NE