

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

SWSWSE

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <i>Washington</i>	Township name <i>Linn</i>	Fraction <i>SE 1/4</i>	Section number <i>11</i>	Town number <i>4</i>	Range number <i>3E</i>
Distance and direction from nearest town or city: <i>3 1/2 miles N-E of Linn</i>			3 Owner of well: <i>Leo Vaclker</i>			
Street address of well location if in city:			Address: <i>Linn Kansas</i>			
Locate with "X" in section below: N		Sketch map:		4 Well depth: <i>90</i> ft. Date of completion <i>Sept 16 1975</i> Well diameter <i>8</i> 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		
2		Type and color of material		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		
				7 Casing: Material <i>steel</i> Height: <i>above</i> below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <i>16</i> in. Diam. <i>8</i> in. to <i>6 1/2</i> ft. depth Weight <i>24</i> lbs./ft. <i>6</i> in. to <i>90</i> ft. depth Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				8 Screen: <i>Yost & Lowell</i> Manufacturer <i>RMA</i> Dia. <i>5"</i> Type <i>RM</i> Slot/gauze <i>0.30</i> Length <i>30</i> Set between <i>0.60</i> ft. and <i>90</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/8 to 1/4</i>		
				9 Static water level: <i>35</i> ft. below land surface Date <i>Sept 16-75</i>		
				10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <i>10</i> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <i>NA</i> <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>8</i> ft. to <i>90</i> ft.		
				14 Nearest source of possible contamination: ft. <i>200</i> Direction <i>West</i> Type <i>Barn</i> 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.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		
16 Remarks: elevation <i>1427'</i> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		(use a second sheet if needed)		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>Straden Drilling Co</i> <i>237</i> Business name License No. Address <i>Blue Rapids</i> Signed <i>Howard Straden</i> Date <i>9-16</i> Authorized representative		

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

Form WW-C-5