

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

ARB3 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>Logan</b>	Section <b>10</b>	Township number <b>T 11 S R</b>	Range number <b>32 EW</b>
2. Distance and direction from nearest town or city: <b>1/2 M South</b>			3. Owner of well: <b>Harry E Nickelson</b>		
Street address of well location if in city:			R.R. or street: <b>714 W 5th</b>		
			City, state, zip code: <b>Oakley, Kansas 67718</b>		
<input checked="" type="checkbox"/> Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>11/30</u>	
				Well depth <u>102</u> ft.	
5. Type and color of material		From	To	7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
Top Soil		0	45	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
Sandy Clay		45	67	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
Sand		67	82	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock	
Calv		82	102	<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Sand		102	125	9. Casing: Material <u>cast</u> Height: Above or below	
Sand Clay		125	141	Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>15</u> in.	
Sand & Sand Rock Strips		141	190	RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.	
Yellow Shale		190	192	Dia. <u>5</u> in. to <u>102</u> ft. depth; Wall Thickness: inches or	
				Dia. _____ in. to _____ ft. depth; gage No. <u>032</u>	
				10. Screen: Manufacturer's name <u>J and L</u>	
				Type <u>RMP</u> Dia. <u>5"</u>	
				Slot/gauze <u>1/32"</u> Length <u>20'</u>	
				<input checked="" type="checkbox"/> Set between <u>172</u> ft. and <u>192</u> ft.	
				ft. and _____ ft.	
				Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/8"</u>	
				11. Static water level: _____ mo./day/yr.	
				<u>102</u> ft. below land surface Date <u>11/30/76</u>	
				12. Pumping level below land surfaces:	
				_____ ft. after <u>NA</u> hrs. pumping _____ g.p.m.	
				_____ ft. after _____ hrs. pumping _____ g.p.m.	
				Estimated maximum yield _____ g.p.m.	
				13. Water sample submitted: _____ mo./day/yr.	
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion:	
				<input checked="" type="checkbox"/> Pitless adapter <u>20</u> inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> Yes	
				With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
				Depth: From <u>11</u> ft. to <u>18</u> ft.	
				16. Nearest source of possible contamination:	
				ft. _____ Direction <u>none</u> Type _____	
				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	
				(Use a second sheet if needed)	
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography:	Pump was not installed by us.		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill			Bartell Drilling 130		
<input type="checkbox"/> Slope			Business name _____ License No. _____		
<input checked="" type="checkbox"/> Upland			Address <u>Winona, Kansas 67761</u>		
<input type="checkbox"/> Valley			Signed <u>George Bartell</u> Date <u>11/30/76</u>		
			Authorized representative		

11 32 W 10 Upland Sec R

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

Form WWC-5