

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 <u>Lincoln</u> Harvey		Fraction <u>NE SW SW</u> SE 1/4 SW 1/4		Section number <u>11</u>	Township number T <u>12</u> S	Range number R <u>6</u> 3 <u>0W</u>
2. Distance and direction from nearest town or city: <u>1 mi N 1/2 mi E</u>				3. Owner of well: <u>Robert Kein</u>		
Street address of well location if in city: <u>OF BEVERLY, KS.</u>				R.R. or street: <u>Box 97</u>		
				City, state, zip code: <u>Beverly, KS</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>45</u> ft. <u>10-8-78</u>		
				7. <input 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		
5. Type and color of material		From	To	9. Casing: Material _____ Height <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2</u> lbs./ft. Dia. <u>4</u> in. to <u>15</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>25 in</u>		
<u>Top soil</u>		<u>0</u>	<u>5</u>	10. Screen: Manufacturer's name _____ <u>Peerless Plastics</u> Type <u>PVC</u> Dia. <u>4</u> Slot/gauze <u>7/16</u> Length <u>15'</u> Set between <u>10</u> ft. and <u>25</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>44"</u>		
<u>Brown clay</u>		<u>5</u>	<u>10</u>	11. Static water level: _____ mo./day/yr. <u>10</u> ft. below land surface Date <u>9-8-78</u>		
<u>Very fine sand and creek gravel</u>		<u>10</u>	<u>20</u>	12. Pumping level below land surfaces: <u>30</u> ft. after <u>1 1/2</u> hrs. pumping <u>18</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.		
<u>Green and red shale</u>		<u>20</u>	<u>28</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<u>Blue shale</u>		<u>28</u>	<u>45</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
				15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth from <u>3</u> ft. to <u>13</u> ft.		
				16. Nearest source of possible contamination: ft. <u>600</u> Direction <u>E</u> Type <u>Hogs</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		
				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>PETERSON IRRIGATION 138</u> Business name License No. _____ Address <u>Box 150 Lindenberg, KS</u> Signed <u>Milo Peterson</u> Date <u>7-15-79</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 12 - 60 11
R
Sec
1/4 1/4 1/4

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

Form WWC-5