

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

WATER WELL RECORD  
KSA 82a-1201-1215

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<br><b>LINCOLN</b> | Township name | Fraction <b>NENE</b><br><b>SW 1/4</b>  | Section number<br><b>29</b> | Town number<br><b>T12S</b> | Range number<br><b>R7W</b> |
| Distance and direction from nearest town or city:<br>Street address of well location if in city: <b>45.28, LINCOLN</b> |                          |               | 3 Owner of well: <b>MARTIN JENSEN</b><br>Address: <b>LINCOLN, KANS</b>   |                             |                            |                            |
| Locate with "X" in section below:<br>N<br>W E<br>S<br>1 Mile   |                          |               | Sketch map:<br>4 Well depth: <b>40</b> ft. Date of completion <b>1-21-75</b><br>Well diameter <b>9</b> in.<br>5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary<br>6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well<br>7 Casing: Material <b>PVC</b> Height: <b>above</b> below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>72</b> in.<br>Diam. <b>100 PSI</b> Weight <b>5</b> lbs./ft.<br><b>5</b> in. to <b>40</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>5</b> in. to <b>40</b> ft. depth<br>8 Screen:<br>Manufacturer <b>DAVIS NPE</b><br>Type <b>drilled</b> Dia. <b>5"</b><br>Slot/gauze <b>1/8"</b> Length <b>20'</b><br>Set between <b>96</b> ft. and <b>110</b> ft.<br>Fittings:<br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/8-3/4"</b><br>9 Static water level:<br><b>40</b> ft. below land surface Date <b>1-21-75</b><br>10 Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.<br>11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____<br>12 Well head completion:<br><input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade<br>13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____<br>Depth: From <b>0</b> ft. to <b>10</b> ft.<br>14 Nearest source of possible contamination: <b>Fertilizer</b><br>ft. <b>700</b> Direction <b>North</b> Type <b>yard</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>15 Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other<br>16 Remarks: elevation<br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input checked="" type="checkbox"/> Upland<br><input type="checkbox"/> Valley<br>17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Kelly's Water Well Serv</b> 186<br>Business name License No.<br>Address <b>R 2 Great Bend</b><br>Signed <b>Kelly Price</b> Date <b>1-28-75</b><br>Authorized representative |                             |                            |                            |