

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 Lincoln	Fraction NW SE 1/4 NE 1/4 NW 1/4	Section number 3	Township number T 12	Range number S R 8W	E/W																		
2. Distance and direction from nearest town or city: Street address of well location if in city: 2.5 Mi. W Lincoln				3. Owner of well: Lloyd Walker R.R. or street: Walker Mill City, state, zip code: Lincoln KS. 67455																					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 7 in. Completion date _____ Well depth 59 ft. 6/21/79																					
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>5. Type and color of material</td> <td>From</td> <td>To</td> </tr> <tr> <td>Alluvium:</td> <td></td> <td></td> </tr> <tr> <td>Clay + silt, gray + tan</td> <td>0</td> <td>12.2</td> </tr> <tr> <td>Gravel, fine to coarse + sand</td> <td>12.2</td> <td>18.7</td> </tr> <tr> <td>Dakota fm:</td> <td></td> <td></td> </tr> <tr> <td>Shale, red + gray</td> <td>18.7</td> <td>19.2</td> </tr> </table>		5. Type and color of material	From	To	Alluvium:			Clay + silt, gray + tan	0	12.2	Gravel, fine to coarse + sand	12.2	18.7	Dakota fm:			Shale, red + gray	18.7	19.2	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			
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Gravel, fine to coarse + sand	12.2	18.7																							
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Shale, red + gray	18.7	19.2																							
8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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				9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface 12 in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. 5 in. to 59 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200																					
				10. Screen: Manufacturer's name Shop Type slots Dia. 5" Slot/gauze 3/32" Length 4' Set between 55 ft. and 59 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8																					
				11. Static water level: _____ mo./day/yr. 10 ft. below land surface Date 6/21/79																					
				12. Pumping level below land surfaces: 20 ft. after 1/2 hrs. pumping 20 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 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 type="checkbox"/> Pitless adapter 12 inches above grade																					
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 13 ft.																					
				16. Nearest source of possible contamination: ft. _____ Direction open field Well disinfected upon completion? _____ Yes _____ 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Hydrologic Drilling 126 Business name _____ License No. _____ Address Salina Kansas Signed D. J. Faust Date 6/20/79 Authorized representative																					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley																									

T
R
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3
SE
NE
NW
1/4
1/4
1/4

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

Form WWC-5