

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>	Fraction: <u>SW</u> 1/4 1/4 1/4	Section number: <u>34</u>	Township number: T <u>13</u> S R <u>9</u> E/W	Range number: <u>9</u>
2. Distance and direction from nearest town or city: <u>to end of block top 2 north & 1 east. East of Wilson</u>			3. Owner of well: <u>Paul Kattman 67439</u>		
Street address of well location if in city:			R.R. or street:		
City, state, zip code: <u>Ellsworth Kansas</u>					
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>12</u> in. Completion date <u>7/30-78</u>	
		<u>Pasture</u>		Well depth <u>184</u> ft.	
				7. <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	
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>184</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>265</u>	
5. Type and color of material		From		To	
<u>Yellow line stone</u>		<u>0</u>		<u>23</u>	
<u>Gray shale</u>		<u>23</u>		<u>117</u>	
<u>Gray Clay + sand (fine)</u>		<u>117</u>		<u>174</u>	
<u>Pink sand Rock</u>		<u>174</u>		<u>184</u>	
				10. Screen: Manufacturer's name <u>M P</u>	
				Type <u>PVC</u> Dia. <u>5"</u>	
				Slot/gauze <u>.025</u> Length <u>10'</u>	
				Set between <u>174</u> ft. and <u>184</u> ft.	
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 x 3/4</u>	
				11. Static water level: <u>160</u> ft. below land surface Date <u>4/3/78</u> mo./day/yr.	
				12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>30</u> g.p.m.	
				13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>160</u> ft. to <u>145</u> ft. <u>14-0</u>	
				16. Nearest source of possible contamination: <input checked="" type="checkbox"/> Direction <input type="checkbox"/> Type <u>None</u>	
				Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump <u>Windmill</u> 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 checked="" 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. <u>Small's Water Well 360</u> Business name _____ License No. _____ Address <u>95 Smith Kansas</u> Signature <u>William L. Wagner</u> Date <u>9/15/78</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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