

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

342-5W1/4-N1/4-N1/4

1 Location of well:	County <u>Saline</u>	Township name <u>Smolan</u>	Fraction <u>↗</u>	Section number <u>30</u>	Town number <u>T155</u>	Range number <u>2W</u>
Distance and direction from nearest town or city: <u>25-1W-42N</u>				3 Owner of well: <u>Larry Sager</u>		
Street address of well location if in city:				Address: <u>BOX 44 ARRI SMOLAN KANS 67479</u>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>50</u> ft. Date of completion <u>1-29-75</u> Well diameter <u>8"</u> in.		
				5 <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		
				6 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"/> Commercial <input type="checkbox"/> Test well		
				7 Casing: Material <u>RMP</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12"</u> in. Diam. <u>5"</u> Weight <u>—</u> lbs./ft. <u>5"</u> in. to <u>50</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>—</u> in. to <u>—</u> ft. depth		
2 Type and color of material				8 Screen: Manufacturer <u>Jess & Lowell</u> Type <u>R.M.P.</u> Dia. <u>5"</u> Slot gauge <u>1/32</u> Length <u>10 ft</u> Set between <u>40</u> ft. and <u>50</u> ft. Fittings: <u>Y8-1/16</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>—</u>		
				9 Static water level: <u>15</u> ft. below land surface Date <u>1-29-75</u>		
				10 Pumping level below land surfaces: <u>21</u> ft. after <u>1 1/2</u> hrs. pumping <u>8</u> g.p.m. <u>—</u> ft. after <u>—</u> hrs. pumping <u>—</u> g.p.m. Estimated maximum yield <u>12</u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>—</u>		
				12 Well head completion: <u>12" Pump House</u> <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <u>—</u> Depth: From <u>0</u> ft. to <u>14</u> ft.		
				14 Nearest source of possible contamination: ft. <u>300</u> Direction <u>South</u> Type <u>Creek</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Myers</u> Model number <u>22N52</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>40</u> ft. capacity <u>9</u> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
16 Remarks: elevation Topography: <u>Area around well & trailer is flat ground above flood stage</u> <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				17 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. Business name <u>—</u> License No. <u>—</u> Address <u>—</u> Signed <u>—</u> Date <u>—</u> Authorized representative		