

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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>Saline</u>	Fraction: <u>NE 1/4 NE 1/4 NE 1/4</u>	Section number: <u>20</u>	Township number: <u>T 16</u>	Range number: <u>S R 3</u>	<u>(NW)</u>
2. Distance and direction from nearest town or city: <u>3 W 1 3/4 N</u>				3. Owner of well: <u>Conrad Suenson</u>			
Street address of well location if in city: <u>Bridgeport Kans.</u>				R.R. or street: <u>R.R. F</u>			
				City, state, zip code: <u>Assaria Kan 67416</u>			
4. Locate with "X" in section below:				6. Bore hole dia. <u>8</u> in. Completion date <u>8-27-76</u>			
				Well depth <u>167</u> ft.			
5. Type and color of material				7. <input checked="" 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 checked="" type="checkbox"/> Stock			
				<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
				9. Casing: Material <u>PLT</u> Height: <u>Above</u> or <u>below</u>			
				Threaded <u>Welded</u> Surface <u>18</u> in.			
				RMP <u>PVC</u> Weight <u>18</u> lbs./ft.			
				Dia. <u>5</u> in. to <u>167</u> ft. depth Wall Thickness: inches or			
				Dia. <u>5</u> in. to <u>167</u> ft. depth gage No. <u>Y4</u>			
				10. Screen: Manufacturer's name <u>Jet Screen</u>			
				Type <u>P.V.C.</u> Dia. <u>5</u>			
				Slot/gauze <u>1/16</u> Length <u>110</u> ft			
				Set between <u>57</u> ft. and <u>167</u> ft.			
				Gravel pack? <u>Yes</u> Size range of material <u>1/4-1/2</u>			
				11. Static water level: <u>21</u> ft. below land surface Date <u>8-27-76</u>			
				12. Pumping level below land surfaces:			
				<u>80</u> ft. after <u>2</u> hrs. pumping <u>12</u> g.p.m.			
				<u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m.			
				Estimated maximum yield <u>25</u> g.p.m.			
				13. Water sample submitted: <u>    </u> mo./day/yr.			
				<u>    </u> Yes <input checked="" type="checkbox"/> No Date <u>    </u>			
				14. Well head completion:			
				<input checked="" type="checkbox"/> Pitless adapter <u>18</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>4</u> ft. to <u>20</u> ft.			
				16. Nearest source of possible contamination:			
				<u>500</u> ft. Direction <u>W-SW</u> Type <u>Hay</u>			
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump:			
				Manufacturer's name <u>Valley Pump</u> Not installed			
				Model number <u>512 11</u> HP <u>3/4</u> Volts <u>230</u>			
				Length of drop pipe <u>150</u> ft. capacity <u>12</u> g.p.m.			
				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			
18. Elevation:				20. Water well contractor's certification:			
Topography: <input checked="" type="checkbox"/> Hill				This well was drilled under my jurisdiction and this report			
<input type="checkbox"/> Slope				is true to the best of my knowledge and belief.			
<input type="checkbox"/> Upland				<u>Peterson Bros Inc</u> 138			
<input type="checkbox"/> Valley				Business name <u>Lindsborg Kan</u> License No.			
				Address <u>Lindsborg Kan</u>			
				Signed <u>Walter Peterson</u> Date <u>9-30-76</u>			
				Authorized representative			

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

Form WWC-5