

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

**WATER WELL RECORD**  
**KSA 82g-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>NW 1/4 NW 1/4 SE 1/4</u>	Section number <u>24</u>	Township number <u>T 16</u>	Range number <u>S R 3</u>	<u>E/W</u>
2. Distance and direction from nearest town or city: <u>3 1/2 N of Bridgeport, Kan.</u>			3. Owner of well: <u>James Nelson</u> R.R. or street: _____ City, state, zip code: <u>Lindsborg, Kan. 67456</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>11-17-75</u> Well depth <u>62</u> ft.		
				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		
5. Type and color of material		From	To	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		
<u>Top Soil</u>		<u>0</u>	<u>3</u>	9. Casing: Material <u>plst</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>30</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>62</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>41"</u>		
<u>Silly Clay</u>		<u>3</u>	<u>34</u>	10. Screen: Manufacturer's name <u>Jet Stream</u> <u>Robert Jones Co.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot gauge <u>1/16</u> Length <u>10 ft</u> Set between <u>52</u> ft. and <u>62</u> ft. _____ ft. and _____ ft.		
<u>Black Clay</u>		<u>34</u>	<u>38</u>	Gravel pack? <u>yes</u> Size range of material <u>4-12</u>		
<u>Very fine to fine sand</u>		<u>38</u>	<u>47</u>	11. Static water level: _____ mo./day/yr. <u>23</u> ft. below land surface Date <u>11-17-75</u>		
<u>Med to very coarse sand &amp; gravel</u>		<u>47</u>	<u>65</u>	12. Pumping level below land surfaces: <u>23</u> ft. after <u>2</u> hrs. pumping <u>15</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>40</u> 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 checked="" type="checkbox"/> Pitless adapter <u>30</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>5</u> ft. to <u>15</u> ft.		
				16. Nearest source of possible contamination: <u>Stock</u> ft. <u>40</u> Direction <u>W</u> Type <u>Water</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ Not installed Manufacturer's name <u>Myers</u> Model number <u>2452</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>35</u> ft. capacity <u>10</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:		19. Remarks:		20. Water well contractor's certification:		
Topography: _____ _____ Hill _____ Slope _____ Upland <input checked="" type="checkbox"/> Valley		<u>Well location in open field for winter pasture. Customer will livestock only. Pour concrete around well.</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Johnson Bros Inc</u> <u>138</u> Business name _____ License No. _____ Address <u>Box 150 Lindsborg, Kan.</u> Signed <u>Wally Johnson</u> Date <u>11-17-75</u> <u>WNE</u> Authorized representative		

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

Form WWC-5

MI-1023