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

Plotted

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

B Dc

1. Location of well:	County: Rice	Fraction: sw 1/4 se 1/4 nw 1/4	Section number: 14	Township number: T 20 S	Range number: R 8w E/W

2. Distance and direction from nearest town or city: 1s -2e-½s of Lyons, Ks.
Street address of well location if in city:

3. Owner of well: American Salt
R.R. or street: Box 498
City, state, zip code: Lyons, Ks.

4. Locate with "X" in section below: Sketch map:

N — NW — NE — X — W — E — SW — SE — S — 1 Mile — 1 Mile

observation well

6. Bore hole dia. 11 in. Completion date _____
Well depth 61 ft. 1-9-76

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply X Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material _____ Height: Above or below in Rc
Threaded ____ Welded X Surface 18 in.
RMP ____ PVC X Weight 160 lbs./ft.
Dia. 6 in. to 61 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. _____

5. Type and color of material	From	To
top soil	0	2
Brown clay	2	14
Sand and gravel	14	58
Red shale	58	61
Bed rock 55'		

(Use a second sheet if needed)

10. Screen: Manufacturer's name R & B
Type pvc Dia. 6
Slot/~~gauze~~ slot 1/16 Length 10' jts
Set between 15 ft. and 30 ft.
51 ft. and 61 ft.
Gravel pack? X Size range of material ~~2-3/4~~ 3/8

11. Static water level: mo./day/yr.
15 ft. below land surface Date 1-9-76

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping na g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield ____ g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date _____

14. Well head completion:
__ Pitless adapter ____ Inches above grade

15. Well grouted? X
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 10 Direction west Type salt pit
Well disinfected upon completion? ____ Yes ____ No

17. Pump: X Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

20 T — 8 E R — 14 Sec — SW SE NW 1/4 1/4 1/4

18. Elevation: 1642 Topo
Topography:
__ Hill
__ Slope
__ Upland
X Valley

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.
Business name Rosencrantz & Bemis License No. 134
Address Great Bend, Ks.
Signed Freda Dodson Date 5/19/76
Authorized representative

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

Form WWC-5