

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

<input checked="" type="checkbox"/> Location of well:	County: <b>Lincoln</b>	Fraction: <b>N 1/4 NW 1/4 NW 1/4</b>	Section number: <b>34</b>	Township number: <b>T 27 S</b>	Range number: <b>R 18 W E/W</b>																		
2. Distance and direction from nearest town or city: <b>3 NW Greensburg Kans</b> Street address of well location if in city:			3. Owner of well: <b>ABERCROMBE Drilling Co.</b> R.R. or street: City, state, zip code: <b>Great Bend Kans</b>																				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>9</b> in. Completion date <b>7-6-76</b> Well depth <b>115</b> ft.																			
				7. <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																			
				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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other																			
5. Type and color of material		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">From</th> <th style="width:50%;">To</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td style="text-align:center;"><b>0</b></td> <td style="text-align:center;"><b>40</b></td> </tr> <tr> <td style="text-align:center;"><b>40</b></td> <td style="text-align:center;"><b>80</b></td> </tr> <tr> <td style="text-align:center;"><b>80</b></td> <td style="text-align:center;"><b>115</b></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align:center; margin-top:10px;">(Clay Sand Gravel)</p>		From	To			<b>0</b>	<b>40</b>	<b>40</b>	<b>80</b>	<b>80</b>	<b>115</b>									9. Casing: Material <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Dia. <b>5</b> in. to <b>115</b> ft. depth Height: Above or below Surface <b>12</b> in. Weight <b>2,873</b> lbs./ft. Wall Thickness: inches or gage No. <b>1865</b>	
				From	To																		
				<b>0</b>	<b>40</b>																		
				<b>40</b>	<b>80</b>																		
				<b>80</b>	<b>115</b>																		
10. Screen: Manufacturer's name <b>Slick</b> Type <input type="checkbox"/> Dia. <b>5"</b> Slot/gauze <b>1/8</b> Length <b>20</b> Set between <b>95</b> ft. and <b>115</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>4-1/2</b>																							
11. Static water level: _____ mo./day/yr. <b>26</b> ft. below land surface Date <b>7-6-76</b>																							
12. Pumping level below land surfaces: <b>29</b> ft. after <b>1</b> hrs. pumping <b>100</b> g.p.m. ____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>250</b> 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 type="checkbox"/> Pitless adapter <b>12</b> Inches above grade																							
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>20</b> ft.																							
16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No																							
17. Pump: <input checked="" type="checkbox"/> 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 type="checkbox"/> Other																							
(Use a second sheet if needed)																							
18. Elevation:  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <i>Myron White Well Service</i> Business name _____ License # _____ Address _____ Signed _____ Date <b>7-5-76</b> Authorized representative																						

T 27 S  
 R 18 W  
 Sec 34 NW 1/4 NW 1/4 NW 1/4