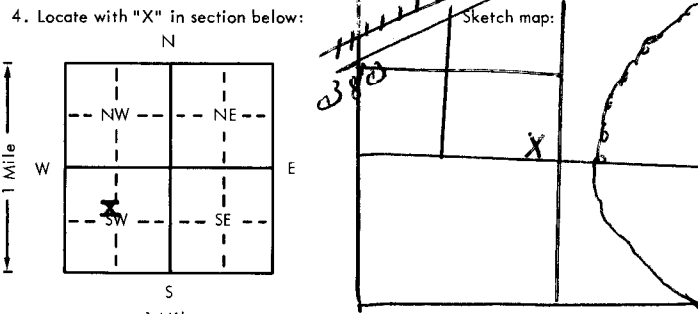


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

#34809

| | | | | | |
|---|-------------------------|--|---|-----------------------------------|-------------------------------|
| 1. Location of well: | County Norton | Fraction SE 1/4 NW 1/4 SW 1/4 | Section number 19 | Township number T 2 S R | Range number 21 E/W |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: 3 Miles N.E. to Calvert | | | 3. Owner of well: Norman Nelson R.R. Long Island Ks. 67647 City, state, zip code: | | |
| 4. Locate with "X" in section below:  | | | 6. Bore hole dia <u>30</u> in. Completion date <u>5-22-81</u> Well depth <u>65</u> ft. | | |
| 5. Type and color of material | | | 7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary | | |
| | | | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | |
| | | | 9. Casing: Material <u>steel</u> Weight: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <u>16</u> PVC <input type="checkbox"/> Weight <u>28</u> lbs./ft. Dia. <u>16</u> in. to <u>45</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>10</u> | | |
| | | | 10. Screen: Manufacturer's name <u>Johnson screen</u> Type <u>wire</u> Dia. <u>16</u> Slot/gauze <input type="checkbox"/> Length <u>20</u> Set between <u>45</u> ft. and <u>65</u> ft. <input type="checkbox"/> Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2</u> | | |
| | | | 11. Static water level: <u>22</u> ft. below land surface Date <u>5, 12, 81</u> mo./day/yr. | | |
| | | | 12. Pumping level below land surfaces: <u>25</u> ft. after <u>3</u> hrs. pumping <u>700</u> g.p.m. <u>60</u> ft. after <u>1 1/2</u> hrs. pumping <u>850</u> g.p.m. Estimated maximum yield <u>700</u> g.p.m. | | |
| | | | 13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ mo./day/yr. | | |
| | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> inches above grade | | |
| | | | 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>12</u> ft. | | |
| | | | 16. Nearest source of possible contamination: ft. _____ Direction <u>None</u> Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | | | 17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Peerless Pump</u> Model number <u>10 MA</u> HP _____ Volts _____ Length of drop pipe <u>60</u> ft. capacity <u>750</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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: <i>Contractor Did the cement work</i> | | | |
| | | 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. Peerless Mach. MFG. Co 215 Business name <u>Box 560 Kearney, Neb.</u> License No. _____ Address _____ Signed <u>Robert Bush</u> Date <u>6-1-81</u> Authorized representative | | | |

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