


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

1. Location of well: County SMITH Fraction NE 1/4 NE 1/4 NW 1/4 Section number 13 Township number T 3 S R 13 Range number E/W	
2. Distance and direction from nearest town or city: 2 miles EAST 1 mile NORTH Street address of well location if in city: SMITH CENTER, KS 3. Owner of well: JOE KINGSBURY RT2 R.R. or street: SMITH CENTER, KS. 66967 City, state, zip code:	
4. Locate with "X" in section below: 	
5. Type and color of material	
	From To
CLAY	0 36
CLAY & SAND	36 38
SAND TO SHALE	38 43
6. Bore hole dia. 9 in. Completion date 6/15/79 Well depth 43 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	
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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material PIST Height: Above or below Threaded <input type="checkbox"/> Welded 914 Surface 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 43 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. 250	
10. Screen: Manufacturer's name SUPERIOR Type PLASTIC Dia. 5" Slot/gauze 1/16 Length 10' Set between 43 ft. and 43 ft. _____ ft. and _____ ft. Gravel pack? YES Size range of material 14-5/8"	
11. Static water level: _____ mo./day/yr. 20 ft. below land surface Date 6/15/79	
12. Pumping level below land surfaces: NOT DONE _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
14. Well head completion: NO <input type="checkbox"/> Pitless adapter _____ inches above grade	
15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
16. Nearest source of possible contamination: ANIMAL ft. 250 Direction N Type PENS Well disinfected upon completion? <input checked="" 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 type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: CONCRETE SLAB TO BE INSTALLED AT SURFACE OF GROUND
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. D.E.L. DRILLING CO 303 Business name License No. _____ Address Box 368 Hometown, KS 66742 Signed Allan J. Jones Date 7-10-79 Authorized Representative	

T 3 S R 13 E/W NE NE NW