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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Dickinson	Fragrant Hill	sw4 nw4 sw4	11/ 15	11-S	~~5-4-~~ E

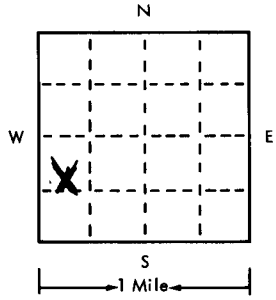
Distance and direction from nearest town or city: 2Mi. East 1/4 Mi. North Of Upland

Street address of well location if in city:

3 Owner of well: Larry Wisby

Address: R.R.2 Chapman, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 100 ft. Date of completion 5-1-75
Well diameter 9 ~~in.~~ 13ft.7in. to 100ft.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug
[ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry
[ ] Irrigation [ ] Air conditioning [ ] Commercial
[ ] Test well [ ]

7 Casing: Material Plastic Height: above/below
Threaded [ ] Welded [ ] Surface 18 in.
Diam. Class 160 Weight ___ lbs./ft.
5 in. to 100 ft. depth Drive shoe? [ ] Yes [X] No
___ in. to ___ ft. depth

2

Type and color of material	From	To
Yellow Clay	0	10
Limestone	10	45
Red Shale	45	70
Some Water	70	
Limestone	70	90
~~Limestone~~ Water	90	~~92~~
Limestone	92	98
Blue Shale	98	100
(use a second sheet if needed)		

8 Screen:
Manufacturer Certain-teed
Type Plastic Dia. 5in.
Slot/gauze 1/8 Length 20
Set between 75 ft. and 95 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 1/8 To 1/

9 Static water level:
60 ft. below land surface Date 5-1-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

11 Water sample submitted:
[ ] Yes [X] No Date ___

12 Well head completion:
[ ] Pitless adapter [ ] Inches above grade

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [X] Bentonite [ ] ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 100 Direction North Type Septic Tank
Well disinfected upon completion? [X] Yes [ ] No

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

16 Remarks: elevation

Topography:
[X] Hill
[ ] Slope
[ ] Upland
[ ] Valley

17 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 Backhus Drilling License No. 180
Address Tampa, Kansas 67483
Signed [signature] Date 5-2-75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5