

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 <u>Dickinson</u> Fraction <u>Sec 1/4 SW 1/4 NW 1/4</u> Section number <u>8</u> Township number <u>T 14 S R 3</u> Range number <u>EW</u>	
2. Distance and direction from nearest town or city: <u>1 W 3 1/2 N</u> Street address of well location if in city: <u>Navarre</u>	
3. Owner of well: <u>Ennie Greening</u> R.R. or street: <u>RR 1</u> City, state, zip code: <u>Enterprise Ks</u>	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> <p>1 Mile</p> </div> <div style="font-size: 2em; opacity: 0.5;">RCC</div> </div>	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0 3</u>
<u>Yellow Clay</u>	<u>3 25</u>
<u>Red Shale</u>	<u>25 42</u>
<u>Yellow Shale</u>	<u>42 55</u>
<u>Water</u>	<u>55</u>
<u>Gray Shale</u>	<u>55 61</u>
6. Bore hole dia. <u>4</u> in. Completion date <u>3-31-76</u> Well depth <u>61</u> ft.	
7. <input checked="" 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 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 <u>PVC</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>100</u> lbs./ft. Dia. <u>5</u> in. to <u>61</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>61</u> ft. depth gage No. <u>10231</u>	
10. Screen: Manufacturer's name _____ Type <u>PVC</u> Dia. <u>5-11</u> Slot/gauze <u>8</u> Length <u>15</u> Set between <u>45</u> ft. and <u>60</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u>	
11. Static water level: _____ mo./day/yr. <u>40</u> ft. below land surface Date <u>3-31-76</u>	
12. 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.	
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 _____ 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>2</u> ft. to <u>12</u> ft.	
16. Nearest source of possible contamination: <u>HO</u> ft. <u>125</u> Direction <u>NE</u> Type <u>LOT</u> 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	
18. Elevation: _____ Topography: <input checked="" type="checkbox"/> Hill _____ Slope _____ Upland _____ Valley _____	
19. Remarks: <u>Pump not installed by my company customer to run concrete slab around well 4'x4'x4"</u>	
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. <u>Backhus Drg 180</u> Business name _____ License No. _____ Address <u>Joplin, Mo</u> Signed <u>John Backhus</u> Date _____ Authorized representative <u>3-31-76</u>	

T 14 R 3 W E 8 Sec 8 S W 1/4 W 1/4 W 1/4

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

Form WWC-5