

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>Ne 1/4 Se 1/4 E 1/4</u>	Section number <u>34</u>	Township number T <u>15</u> S R <u>3</u>	Range number <u>EW</u>
2. Distance and direction from nearest town or city: <u>4 N</u> Street address of well location if in city: <u>Hope</u>			3. Owner of well: <u>Boyd Stroda</u> R.R. or street: <u>RR</u> City, state, zip code: <u>Hope, Mo</u>			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		6. Bore hole dia. <u>7 1/2</u> in. Completion date Well depth <u>73</u> ft. <u>7-5-70</u>	
5. Type and color of material			From	To	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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" 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>9 1/2</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2640</u> lbs./ft. Dia. <u>5</u> in. to <u>7 1/2</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>7 1/2</u> ft. depth gage No. <u>250+</u>	
					10. Screen: Manufacturer's name <u>A.P.T.M.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>50</u> Length <u>15</u> Set between <u>30</u> ft. and <u>73</u> ft. ft. and <u>73</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>30</u>	
					11. Static water level: <u>53</u> ft. below land surface Date <u>7-6-70</u> mo./day/yr.	
					12. Pumping level below land surfaces: ft. after <u> </u> hrs. pumping <u> </u> g.p.m. ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.	
					13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u> </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>3</u> ft. to <u>73</u> ft.	
					16. Nearest source of possible contamination <u>Cattle</u> ft. <u>51-</u> Direction <u>S</u> Type <u>Corral</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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:		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. <u>Backhus Dig 180</u> Business name <u> </u> License No. <u> </u> Address <u> </u> Signed <u>Paul Backhus</u> Date <u>6-17-70</u> Authorized representative <u> </u>		
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 15 R 3 W 34 NESEK 1/4 1/4 1/4

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

Form WWC-5