

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>Dickenson</u> Fraction <u>Sw 1/4 Se 1/4</u> Section number <u>16</u> Township number <u>T 15 S R 4</u> Range number <u>4</u> (EA)	
2. Distance and direction from nearest town or city: <u>4 3/4 E 3 N</u> Street address of well location if in city: <u>Hope</u>	
3. Owner of well: <u>Virgil Schlessener</u> R.R. or street: <u>RR1</u> City, state, zip code: <u>Hope Ko, 67451</u>	
4. Locate with "X" in section below: Sketch map:	
6. Bore hole dia. <u>1 1/2</u> in. Completion date <u>4-14-79</u> Well depth <u>60</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>70</u> + in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>8</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>320</u>	
5. Type and color of material	From To
<u>Top Soil</u>	<u>0 2</u>
<u>Clay</u>	<u>2 8</u>
<u>Lime Stone</u>	<u>8 15</u>
<u>Red Shale</u>	<u>15 25</u>
<u>Lime Stone</u>	<u>25 32</u>
<u>Yellow Shale</u>	<u>32 53</u>
<u>Water</u>	<u>53 54</u>
<u>Lime Stone</u>	<u>54 60</u>
10. Screen: Manufacturer's name <u>Center-teed</u> Type <u>PVC</u> Dia. <u>8"</u> Slot/gauze <u>1/2</u> Length <u>12</u> Set between <u>42</u> ft. and <u>60</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>20-2</u>	
11. Static water level: <u>40</u> ft. below land surface Date <u>4-14-79</u> mo./day/yr.	
12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u>Not installed</u> <u> </u> 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: <u>12</u> well House <input 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>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u>Open Pasture</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:
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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 <u>Tampa Ko.</u> License No. <u> </u> Address <u> </u> Signed <u>Paul Backhus</u> Date <u>4-16-79</u> Authorized representative

T 15 S R 4 W 4 SE 1/4 SE 1/4

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

Form WWC-5