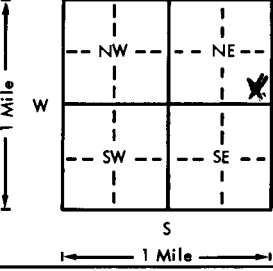


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Se 1/4 Se 1/4 Ne 1/4</u>	Section number <u>36</u>	Township number <u>T 15</u>	Range number <u>S 4 R 4</u>
2. Distance and direction from nearest town or city: <u>1 1/4 N</u>	3. Owner of well: <u>Elmer Will</u>		R.R. or street: <u>BB 2</u>		
Street address of well location if in city: <u>Herington</u>		City, state, zip code: <u>Herington Ks</u>			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>9</u> in. Completion date <u>8-4-77</u> Well depth <u>80</u> ft.	
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	
<u>Top Soil</u>		<u>0</u>	<u>2</u>	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	
<u>lime Stone</u>		<u>2</u>	<u>17</u>	9. Casing: Material <u>Pvc</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>15</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>8440</u> lbs./ft. Dia. <u>5</u> in. to <u>20</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>20</u> ft. depth gage No. <u>258</u>	
<u>yellow clay</u>		<u>17</u>	<u>28</u>	10. Screen: Manufacturer's name <u>A. S. m</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/2"</u> Length <u>20'</u> Set between <u>60</u> ft. and <u>80</u> ft. <u>30</u> ft. and <u>30</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>30</u>	
<u>lime Stone</u>		<u>28</u>	<u>42</u>	11. Static water level: <u>57</u> mo./day/yr. <u>57</u> ft. below land surface Date <u>8-4-77</u>	
<u>yellow clay</u>		<u>42</u>	<u>58</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.	
<u>Red Shale</u>		<u>58</u>	<u>62</u>	13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____	
<u>lime Stone</u>		<u>62</u>	<u>68</u>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter ____ inches above grade	
<u>Water</u>		<u>68</u>	<u>70</u>	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>13</u> ft.	
<u>lime + Blue Shale</u>		<u>70</u>	<u>80</u>	16. Nearest source of possible contamination: <u>Barn</u> ft. <u>100</u> Direction <u>W</u> Type <u>yard</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(Use a second sheet if needed)				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:	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 Drugh 180</u> Business name <u>Tampa Ks</u> License No. <u>67403</u> Address <u>Paul Backhus</u> Date <u>8-10-77</u> Signed <u>Paul Backhus</u> Authorized representative		

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

Form WWC-5