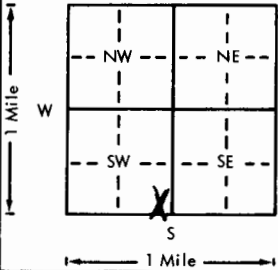


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 Sw 1/4</u>	Section number <u>35</u>	Township number <u>T 15 S</u>	Range number <u>R 4 E</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:	<u>1 N 1/2 W</u> <u>D St.</u> <u>Herrington</u>		3. Owner of well: <u>Mrs. Martin Kohls</u> R.R. or street: <u>RR2</u> City, state, zip code: <u>Herrington Ks.</u>		
4. Locate with "X" in section below:	Sketch map: 		6. Bore hole dia. <u>9-1/2</u> in. Completion date <u>8-9-78</u> Well depth <u>23</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>1</u>	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		
<u>Lime Stone</u>	<u>1</u>	<u>27</u>	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>20</u> lbs./ft. Dia. <u>5</u> in. to <u>23</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>23</u> ft. depth gage No. <u>250</u>		
<u>Yellow Shale</u>	<u>27</u>	<u>35</u>	10. Screen: Manufacturer's name <u>APM</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/4</u> Length <u>15</u> Set between <u>30</u> ft. and <u>23</u> ft. ft. and <u>23</u> ft.		
<u>Some Water</u>	<u>35</u>	<u>35</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>30</u>		
<u>Red Shale</u>	<u>35</u>	<u>35</u>	11. Static water level: <u>42</u> ft. below land surface Date <u>8-9-78</u>		
<u>Lime Stone</u>	<u>35</u>	<u>68</u>	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.		
<u>Water</u>	<u>68</u>	<u>69</u>	13. Water sample submitted: <u>8-9-78</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>8-9-78</u>		
<u>Lime Stone</u>	<u>69</u>	<u>23</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination: <u>Cattle</u> ft. <u>70+</u> Direction <u>N</u> Type <u>Bar</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		
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 Drilling 180</u> Business name <u>Tampa 58</u> License No. <u>   </u> Address <u>   </u> Signed <u>Paul H. Backhus</u> Date <u>8-9-78</u> Authorized representative		

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

Form WWC-5