

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>Morris</u>	Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>	Section number <u>31</u>	Township number <u>T 15 S</u>	Range number <u>R 5 E/W</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
2 N <u>Herington</u>			Kenneth Baxter RR 1 <u>Delavan, Ks 66847</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>7-9</u> in. Completion date _____ Well depth <u>82</u> ft. <u>11-30-76</u>		
				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		
5. Type and color of material		From	To	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		
Top Soil		0	3	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>sch 40</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>150</u> lbs./ft. Dia. <u>5</u> in. to <u>82</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <u>258</u>		
Lime Stone		3	22	10. Screen: Manufacturer's name _____ <u>M P I</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/8</u> Length <u>30</u> Set between <u>10</u> ft. and <u>60</u> ft. <u>72</u> ft. and <u>82</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8</u>		
Yellow Clay		22	34	11. Static water level: <u>36</u> ft. below land surface Date <u>11-30</u> mo./day/yr.		
Yellow Shale		34	42	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.		
Some Water		42		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Hard Lime Rock		42	62	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade		
Gray Clay		62	74	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>3</u> ft. to <u>13</u> ft.		
Water		74		16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>E</u> Type <u>Pasture</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
Lime & Gray Rock		74	82	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		
(Use a second sheet if needed)				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</u> <u>180</u> Business name License No. Address <u>Tampa, Kansas 67483</u> Signed <u>Paul Backhus</u> Date <u>12-3-76</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5