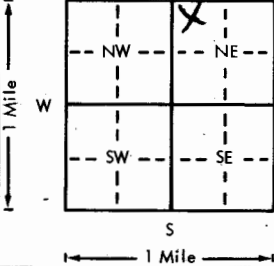


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Nw 1/4 Nw 1/4 Ne 1/4</u> Section number <u>12</u> Township number <u>T 16 S</u> Range number <u>R 4 E</u> <u>W</u> | |
| 2. Distance and direction from nearest town or city: <u>in City</u> Street address of well location if in city: <u>502 E Lewerenz</u> <u>Herington</u> | |
| 3. Owner of well: <u>Franklyn Kandt</u> R.R. or street: <u>502 E Lewerenz</u> City, state, zip code: <u>Herington, Kan.</u> | |
| 4. Locate with "X" in section below: Sketch map:  | |
| 5. Type and color of material | |
| 6. Bore hole dia. <u>5 1/2</u> in. Completion date <u>4-20-78</u> Well depth <u>64</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 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 checked="" 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>75</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>2540</u> lbs./ft. Dia. <u>5</u> in. to <u>64</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>64</u> ft. depth gage No. <u>2540</u> <input checked="" type="checkbox"/> | |
| 10. Screen: Manufacturer's name <u>APM</u> Type <u>PVC</u> Dia. <u>5 1/2</u> Slot/gauze <u>1/2</u> Length <u>20</u> Set between <u>49</u> ft. and <u>69</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-20</u> | |
| 11. Static water level: <u>42</u> ft. below land surface Date <u>4-26-78</u> <u>mo./day/yr.</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. | |
| 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ | |
| 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ 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>13</u> ft. | |
| 16. Nearest source of possible contamination: <u>City</u> ft. <u>504</u> Direction <u>SW</u> Type <u>Pewer</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 _____ 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) | |
| 18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | 19. Remarks: <u>owner to run concrete</u> <u>slab around well</u> <u>4'x4'x4'</u> |
| 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 100</u> Business name _____ License No. _____ Address <u>Tampa, FL</u> Signed <u>Paul Backhus</u> Date <u>4-24-78</u> Authorized representative | |

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

Form WWC-5