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	Fraction	Section number	Township number	Range number
	Dickenson	NW 1/4 NW 1/4 NW 1/4	13	T 16 S	R 4 (E) W

2. Distance and direction from nearest town or city: In City
Street address of well location if in city: 514 S.A. St.

3. Owner of well: C.L. Hartmann
R.R. or street: 514 S. A. ST
City, state, zip code: Herington Ks.

4. Locate with "X" in section below: Sketch map:

N
X NW NE
W E
SW SE
S
1 Mile 1 Mile

6. Bore hole dia. ___ in. Completion date 5-21-79
Well depth 87 ft.

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
X Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above or below
Threaded ___ Welded ___ Surface 13 in.
RMP ___ PVC X Weight SW60 lbs./ft.
Dia. 4 in. to 87 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. Sch 160

5. Type and color of material	From	To
Top Soil + Clay	0	9
Lime Stone	9	37
yellow Clay	37	42
Lime Stone	42	47
Yellow Clay	47	52
Some water	52	53
yellow Clay	53	67
yellow + Red Shale	67	83
Water	83	85
Red Shale	85	87

(Use a second sheet if needed)

10. Screen: Manufacturer's name Certain-teed
Type PVC Dia. 4"
Slot/gauze 18 Length 15.
Set between 72 ft. and 87 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 3/8

11. Static water level: mo./day/yr.
32 ft. below land surface Date 5-21-79

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 X No Date

14. Well head completion:
X Pitless adapter ___ Inches above grade

15. Well grouted? X
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 3 ft. to 13 ft.

16. Nearest source of possible contamination: City
ft. 60 Direction ___ Type Sewerline
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:
Topography:
X Hill
X Slope
__ Upland
__ Valley

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.
Business name Backhus Drg. 180 License No.
Address Tampa Ks.
Signed Paul Backhus Date
Authorized representative 5-21-79

T 16 R 4 (E) W Sec 13 1/4 NW 1/4 NW 1/4 NW

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

Form WWC-5

MI-1023