

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 <b>Morris</b>	Fraction <b>Ne 1/4 NW 1/4 Ne 1/4</b>	Section number <b>21</b>	Township number <b>T 16 S R 5</b>	Range number <b>5</b>
2. Distance and direction from nearest town or city: <b>2 1/2 E IS</b>		3. Owner of well: <b>DON HERPICK</b>		R.R. or street: <b>BRI</b>		
Street address of well location if in city: <b>Herington</b>		City, state, zip code: <b>Herington, KS</b>				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>99</b> in. Completion date <b>3-17-78</b> Well depth <b>134</b> 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		
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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<b>Top Soil</b>		<b>17</b>	<b>3</b>	9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>73</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>440</b> lbs./ft. Dia. <b>5</b> in. to <b>134</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <b>23P</b>		
<b>lime Stone</b>		<b>3</b>	<b>28</b>	10. <input checked="" type="checkbox"/> Screen: Manufacturer's name <b>ASTM</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>5</b> Length <b>20</b> Set between <b>114</b> ft. and <b>134</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>5-3/4</b>		
<b>Red Shale</b>		<b>28</b>	<b>50</b>	11. Static water level: <b>100</b> ft. below land surface Date <b>3-17-78</b> mo./day/yr.		
<b>lime Stone, Shale</b>		<b>50</b>	<b>95</b>	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.		
<b>Red Shale</b>		<b>95</b>	<b>100</b>	13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
<b>yellow Shale</b>		<b>100</b>	<b>115</b>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter ____ Inches above grade		
<b>Gray Shale</b>		<b>115</b>	<b>120</b>	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>5</b> ft. to <b>13</b> ft.		
<b>yellow Shale</b>		<b>120</b>	<b>129</b>	16. Nearest source of possible contamination <b>Creek</b> ft. <b>60</b> Direction <b>E</b> Type <b>Burn</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Water</b>		<b>129</b>	<b>125</b>	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		
<b>lime Stone</b>		<b>125</b>	<b>134</b>	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. <b>Backlund Drilling</b> Business name License No. ____ Address <b>Jampa St.</b> Signed <b>Paul Backlund</b> Date <b>3-17-78</b> Authorized representative		
18. Elevation:		19. Remarks:		20. (Continued from previous page)		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 16 S R 5 E Sec 21 NE 1/4 NE 1/4

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

Form WWC-5