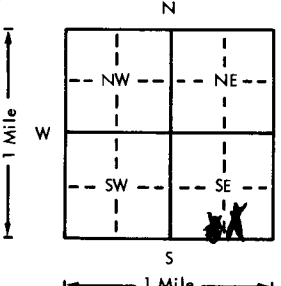


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

<input checked="" type="checkbox"/> Location of well:	County <u>Marion</u>	Fraction <u>Se 1/4 Se 1/4 Se 1/4</u>	Section number <u>29</u>	Township number <u>T 17 S</u>	Range number <u>R 3 E</u>
2. Distance and direction from nearest town or city: <u>1 S 1 1/4 E</u>			3. Owner of well: <u>Francis Jirak</u>		
Street address of well location if in city: <u>Tampa</u>			R.R. or street: <u>RR1</u>		
			City, state, zip code: <u>Tampa, Mo. 67483</u>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>4</u> in. Completion date <u>10-26-77</u> Well depth <u>65</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 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		
			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>Sch 40</u> lbs./ft. Dia. <u>5</u> in. to <u>65</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>65</u> ft. depth gage No. <u>252</u>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name <u>Artm</u>
<u>Top Soil</u>			<u>0</u>	<u>2</u>	Type <u>PVC</u> Dia. <u>5"</u>
<u>Yellow Clay some water</u>			<u>2</u>	<u>42</u>	Slot/gouze <u>1/8</u> Length <u>20'</u>
<u>Blue Shale</u>			<u>42</u>	<u>58</u>	Set between <u>45</u> ft. and <u>65</u> ft. ft. and ft.
<u>Water</u>			<u>58</u>		Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>30</u>
<u>Blue Shale</u>			<u>58</u>	<u>65</u>	11. Static water level: <u>37</u> ft. below land surface Date <u>10-26-77</u> mo./day/yr.
					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 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>Septic</u> ft. <u>60</u> Direction <u>W</u> Type <u>Tank</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:	19. Remarks: <u>Owner to run concrete slab around well 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 Dr. 180</u> Business name _____ License No. _____ Address <u>Tampa, Mo.</u> Signed <u>Paul Backhus</u> Date <u>11-2-77</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 17 S R 3 E Sec 29 SESESE 1/4 1/4 1/4

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

Form WWC-5