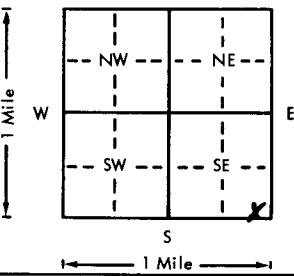


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>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 R 3</u> Range number <u>EW</u>	
2. Distance and direction from nearest town or city: <u>18 1/4 E</u> Street address of well location if in city: <u>Tampa</u> 3. Owner of well: <u>Francis Jirak</u> R.R. or street: <u>991</u> City, state, zip code: <u>Tampa Ky 67483</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0</u> <u>3</u>
<u>Red Clay</u>	<u>3</u> <u>18</u>
<u>Yellow Clay</u>	<u>18</u> <u>32</u>
<u>Yellow Shale</u>	<u>32</u> <u>42</u>
<u>Gray Clay</u>	<u>42</u> <u>47</u>
<u>Some water</u>	<u>47</u> <u>48</u>
<u>Yellow Clay</u>	<u>48</u> <u>62</u>
<u>Water</u>	<u>62</u> <u>63</u>
<u>Gray + Blue Shale</u>	<u>63</u> <u>76</u>
(Use a second sheet if needed)	
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <u>Backhus Drngl 180</u> Business name <u>Tampa, Ky.</u> License No. <u>Paul Backhus</u> Address <u>Tampa, Ky.</u> Signed <u>Paul Backhus</u> Date <u>4-28-77</u> Authorized representative	

6. Bore hole dia. <u>7 1/2</u> in. Completion date <u>4-28-77</u> Well depth <u>76</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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
9. Casing: Material <u>PVC</u> Height (Above or below) <u>74</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>74</u> in. RMP <u>PVC</u> <input checked="" type="checkbox"/> Weight <u>5640</u> lbs./ft. Dia. <u>5</u> in. to <u>76</u> ft. depth Wall Thickness: inches or Dia. <u>  </u> in. to <u>  </u> ft. depth gauge No. <u>258</u>
10. Screen: Manufacturer's name <u>ASTM</u> Type <u>PVC</u> Dia. <u>5 1/2</u> Slot/gauze <u>5</u> Length <u>25</u> Set between <u>61</u> ft. and <u>76</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-20</u>
11. Static water level: <u>40</u> ft. below land surface Date <u>  </u> mo./day/yr.
12. Pumping level below land surfaces: <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. Estimated maximum yield <u>  </u> g.p.m.
13. Water sample submitted: <u>  </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>  </u>
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>  </u> Inches above grade
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.
16. Nearest source of possible contamination: <u>Hog</u> ft. <u>35</u> Direction <u>E</u> Type <u>Parrn</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 <u>  </u> Model number <u>  </u> HP <u>  </u> Volts <u>  </u> Length of drop pipe <u>  </u> ft. capacity <u>  </u> 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

12 30 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