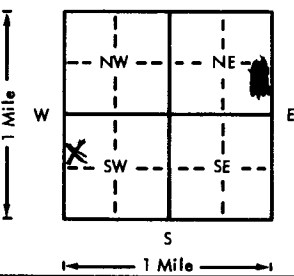


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>SW 1/4 NW 1/4 S 1/4</u> Section number <u>33</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>2 E 1 3/4 S</u> Street address of well location if in city: <u>Tampa</u>	
3. Owner of well: <u>Jonah Spohn</u> R.R. or street: <u>RR 1</u> City, state, zip code: <u>Tampa, Ka. 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>2</u>
<u>yellow clay</u>	<u>2</u> <u>10</u>
<u>Shale</u>	<u>10</u> <u>16</u>
<u>yellow clay</u>	<u>16</u> <u>32</u>
<u>Blue Shale</u>	<u>32</u> <u>42</u>
<u>Some water</u>	<u>42</u>
<u>Blue Shale</u>	<u>42</u> <u>50</u>
<u>Water</u>	<u>50</u>
<u>Blue Shale</u>	<u>50</u> <u>53</u>
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:
6. Bore hole dia <u>7-10</u> in. Completion date <u>7-21-76</u> Well depth <u>55</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 <u>PVC</u> <input checked="" type="checkbox"/> Weight <u>90</u> lbs./ft. Dia. <u>5</u> in. to <u>55</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>55</u> ft. depth gage No. <u>1258</u>	
10. Screen: Manufacturer's name <u>Certain teed</u> Type <u>Pvc</u> Dia. <u>5"</u> Slot/gauze <u>1/8</u> Length <u>15'</u> Set between <u>40</u> ft. and <u>55</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>30</u>	
11. Static water level: <u>20</u> ft. below land surface Date <u>7-21-76</u> mo./day/yr.	
12. Pumping level below land surfaces: _____ 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: <u>well house</u> Pitless adapter <u>12</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>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u>Cattle</u> ft. <u>150</u> Direction <u>E</u> Type <u>bat</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 _____ 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	
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. 180</u> Business name License No. Address <u>Tampa, Ka. 67483</u> Signed <u>Paul Backhus</u> Date <u>7-3-76</u> Authorized representative	

L 2 3 33 SW 1/4 1/4

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

Form WWC-5