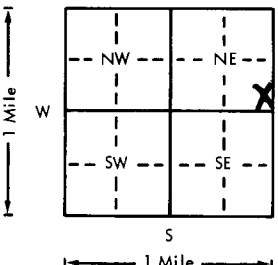


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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> <u>Dickinson</u>		Fraction <u>Se 1/4 Se 1/4 Ne 1/4</u>		Section number <u>9</u>	Township number T <u>17</u> S	Range number R <u>4</u> E
2. Distance and direction from nearest town or city: <u>1 W 1/2 N</u>			3. Owner of well: <u>Kent Brunner</u>			
Street address of well location if in city: <u>Lost Springs</u>			R.R. or street: <u>BR1</u> City, state, zip code: <u>Lost Springs, Mo.</u>			
4. Locate with "X" in section below: N 		Sketch map:		6. Bore hole dia. <u>5</u> in. Completion date Well depth <u>62</u> ft. <u>5-19-79</u>		
				7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <u>Styrene</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 type="checkbox"/> Weight <u>20 lbs./ft.</u> Dia. <u>5</u> in. to <u>62</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>2ae wall</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Cer-mac</u> Type <u>Styrene</u> Dia. <u>5"</u> Slot/gauze <u>1/2"</u> Length <u>10'</u> Set between <u>53</u> ft. and <u>62</u> ft. <u>30</u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2"</u>		
<u>Top Soil</u>		<u>0</u>	<u>3</u>	11. Static water level: <u>30</u> ft. below land surface Date <u> </u> mo./day/yr.		
<u>Yellow Clay</u>		<u>3</u>	<u>12</u>	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.		
<u>lime Stone</u>		<u>12</u>	<u>22</u>	13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date <u> </u>		
<u>Yellow Clay</u>		<u>22</u>	<u>37</u>	14. Well head completion: <u>12</u> inches above grade <input checked="" type="checkbox"/> Pitless adapter <u> </u> inches above grade		
<u>Blue Shale</u>		<u>37</u>	<u>57</u>	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.		
<u>White Rock</u>		<u>57</u>	<u>59</u>	16. Nearest source of possible contamination: <u>60+</u> ft. Direction <u>W</u> Type <u>Cattle Corral</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Water</u>		<u>59</u>	<u>60</u>	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		
<u>White Rock</u>		<u>60</u>	<u>62</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 Drilling Co</u> Business name <u>Tampa, Mo.</u> License No. <u> </u> Address <u> </u> Signed <u>Paul Backhus</u> Date <u>5-19-79</u> Authorized representative		
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>OWNER TO RUN CONCRETE Slab around well 4'x4'x4'</u>				

T 17
R 4
W 9
SE SE NE
1/4 1/4 1/4

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

Form WWC-5