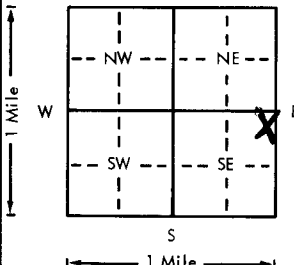


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <i>Marion</i> | Fraction <i>Ne 1/4 Ne 1/4 Sec 19</i> | Section number <i>19</i> | Township number <i>T 17</i> | Range number <i>S 4 R 4</i> |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: | <i>2 3/4 South 2 East Romana</i> | | 3. Owner of well: <i>Mildred Shields</i> R.R. or street: <i>BRI</i> City, state, zip code: <i>Lost Springs 66859</i> | | |
| 4. Locate with "X" in section below: | Sketch map:  | | 6. Bore hole dia <i>7-7</i> in. Completion date Well depth <i>6-25-78</i> ft. | | |
| 5. Type and color of material | From | To | 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 | | |
| <i>Top Soil</i> | <i>0</i> | <i>2</i> | 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 | | |
| <i>Red Clay</i> | <i>2</i> | <i>8</i> | 9. Casing: Material <i>Styrene</i> Height <i>12</i> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <i>5</i> PVC <input type="checkbox"/> Weight <i>200 lb</i> /ft. | | |
| <i>Yellow Clay</i> | <i>8</i> | <i>53</i> | Dia. <i>5</i> in. to <i>20</i> ft. depth Wall Thickness <i>200</i> inches or Dia. <i>5</i> in. to <i>20</i> ft. depth gage No. <i>200</i> | | |
| <i>Gray Clay - Shale</i> | <i>53</i> | <i>64</i> | 10. Screen Manufacturer's name <i>Cer-Mare</i> | | |
| <i>Some water</i> | <i>64</i> | | Types <i>Styrene</i> Dia. <i>5"</i> | | |
| <i>Yellow Shale</i> | <i>64</i> | <i>85</i> | Slot/gauze <i>1/2</i> Length <i>16</i> ft. | | |
| <i>Water</i> | <i>85</i> | <i>86</i> | Set between <i>75</i> ft. and <i>86</i> ft. | | |
| <i>Yellow Shale</i> | <i>86</i> | <i>88</i> | Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>30</i> | | |
| <i>" Rock</i> | <i>88</i> | <i>90</i> | 11. Static water level: _____ ma./day/yr. _____ ft. below land surface Date _____ | | |
| | | | 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 checked="" 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 <i>3</i> ft. to <i>13</i> ft. | | |
| | | | 16. Nearest source of possible contamination: ft. <i>70</i> Direction <i>N</i> Type <i>Septic tank</i> 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 | | |
| 18. Elevation: | 19. Remarks: | | 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is to the best of my knowledge and belief. <i>Backhoe Drg.</i> Business name <i>Temp Ks 180</i> License No. _____ Address <i>Paul Backhoe</i> Signed _____ Date <i>8-25-78</i> Authorized representative | | |

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

Form WWC-5