

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 Marion	Fraction Ne 1/4 Ne 1/4 Ne 1/4	Section number 36	Township number T 18	Range number S R 2 (E)
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: Ervin Hein R.R. or street: BRI City, state, zip code: Tampa, Ke. 67483			
4. Locate with "X" in section below:		Sketch map:		9" = 10' \times Bore hole dia. 9-7 in. Completion date 11-7-78 7 = 60' \rightarrow Well depth 60 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other 9. Casing: Material Styrene Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 200 wall lb/ft. Dia. 5 in. to 60 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. 200 wall				
5. Type and color of material				From	To	10. Screen: Manufacturer's name Jess. Howell Type Styrene Dia. 5" Slot/gauze 50 Length 10 Set between 50 ft. and 60 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 30
Top Soil				0	2	11. Static water level: 32 ft. below land surface Date 10-7-78 mo./day/yr.
Yellow clay				2	24	12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.
Blue Shale				24	38	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
Some water				38	39	14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade
Blue Shale				39	54	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.
Water				54	55	16. Nearest source of possible contamination: 100 ft. Direction W Type Tank Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Blue Shale				55	60	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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:		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. Backhus Drg. 180 License No. <input type="checkbox"/> Business name Tampa, Ke. Address Paul Backhus Signed Paul Backhus Date 11-20-78 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 18
 R 2
 W (E)
 Sec 36
 NE 1/4
 NE 1/4
 NE 1/4

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

Form WWC-5