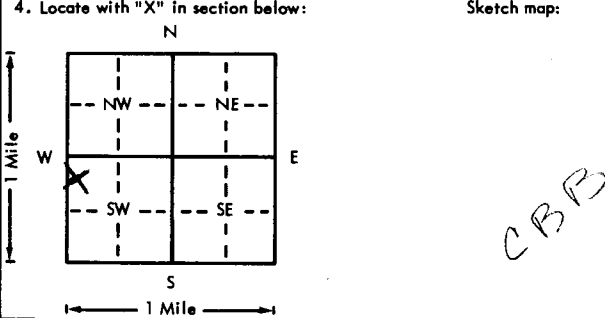


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>Nw 1/4 Nw 1/4 Sw 1/4</u> Section number <u>19</u> Township number <u>T 19 S</u> Range number <u>R 4 E</u>	
2. Distance and direction from nearest town or city: <u>on Pilsen Rd</u> 3. Owner of well: <u>George Switek</u> Street address of well location if in city: R.R. or street: <u>P.O. 4</u> City, state, zip code: <u>Marion Kansas 66861</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
6. Bore hole dia. <u>9</u> in. Completion date <u>10-29-75</u> Well depth <u>65</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>2</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>160</u> lbs./ft. Dia. <u>5</u> in. to <u>65</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>65</u> ft. depth gage No. <u>4</u>	
10. Screen: Manufacturer's name <u>Pumper Supply</u> Type <u>PVC</u> Dia. <u>5 1/2</u> Slot/gauze <u>5/6</u> Length <u>20</u> Set between <u>45</u> ft. and <u>65</u> ft. ft. and <u>65</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4 to 30</u>	
11. Static water level: <u>40</u> ft. below land surface Date <u>10-29-75</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 type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>    </u>	
14. Well head completion: <u>    </u> Pitless adapter <u>    </u> inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <u>    </u> Neat cement <u>    </u> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
16. Nearest source of possible contamination: <u>Septic</u> ft. <u>60</u> Direction <u>N.E.</u> Type <u>Leak</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	
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Slab to be</u> <u>Concrete <del>slab</del></u> <u>installed by customer</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 IPO</u> Business name License No. <u>    </u> Address <u>Lampas, Kansas</u> Signed <u>Paul Backhus</u> Date <u>10-29-75</u> Authorized representative	

T 19 S  
 R 4 E  
 Sec 19  
 NW 1/4 SW 1/4

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

Form WWC-5