

Copy to Phil Worley

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>Se 1/4 Sw 1/4 Nw 1/4</u>	Section number <u>25</u>	Township number T <u>18</u> S R	Range number R <u>4</u> <u>EW</u>
2. Distance and direction from nearest town or city: <u>3 3/4 E</u>			3. Owner of well: <u>hester mott</u>			
Street address of well location if in city: <u>Lincolnville</u>			R.R. or street: <u>RR</u>			
			City, state, zip code: <u>Lincolnville, Ks. 66858</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>5</u> in. Completion date <u>10-5-79</u> Well depth <u>110</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 or below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>13</u> in. RMP <u>5</u> PVC <input checked="" type="checkbox"/> Weight <u>160</u> lbs./ft. Dia. <u>5</u> in. to <u>110</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>110</u> ft. depth gage No. <u>160</u>		
5. Type and color of material		From	To	10. Screens: Manufacturer's name <u>Pumped</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/8"</u> Length <u>30</u> Set between <u>60</u> ft. and <u>110</u> ft. <u>30</u> ft. and <u>110</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4"</u>		
<u>Top Soil</u>		<u>0</u>	<u>1</u>	11. Static water level: <u>62</u> ft. below land surface Date <u>10-5-79</u> mo./day/yr.		
<u>lime Shale</u>		<u>1</u>	<u>10</u>	12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>25</u> g.p.m.		
<u>lime Stone</u>		<u>10</u>	<u>42</u>	13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
<u>Red Shale</u>		<u>42</u>	<u>75</u>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter ____ inches above grade		
<u>Gray Shale, Rock</u>		<u>75</u>	<u>90</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>lime Stone</u>		<u>90</u>	<u>100</u>	16. Nearest source of possible contamination: ft. <u>50</u> Direction <u>S</u> Type <u>Septic tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Water</u>		<u>100</u>	<u>103</u>	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		
<u>Gray Rock</u>		<u>103</u>	<u>110</u>			
(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. <u>Backhus Dale 180</u> Business name <u>Backhus Dale</u> License No. ____ Address <u>Lincolnville, Ks.</u> Signed <u>Paul Backhus</u> Date ____ Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

18 R 4 E 25 Sec 25 SW 1/4 1/4

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Form WWC-5