

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

<input checked="" type="checkbox"/> Location of well:	County: <u>Marion</u>	Fraction: <u>SW 1/4 SW 1/4 SE 1/4</u>	Section number: <u>11</u>	Township number: T <u>18</u> S R	Range number: <u>4</u> <small>EW</small>
2. Distance and direction from nearest town or city: <u>In Lincolnville</u>			3. Owner of well: <u>David Schneider</u>		
Street address of well location if in city: <u>North of main St.</u>			R.R. or street: <u>City</u>		
			City, state, zip code: <u>Lincolnville Ke 66654</u>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			6. Bore hole dia. <u>12</u> in. Completion date <u>6-11-76</u> Well depth <u>90</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"/> Stack <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>15</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>Sec 40</u> lbs./ft. Dia. <u>5</u> in. to <u>20</u> ft. depth Wall thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>1238</u>		
			10. Screen: Manufacturer's name <u>M.P.T.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/2</u> Length <u>30</u> Set between <u>70</u> ft. and <u>90</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>20</u>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> ft. below land surface Date <input type="checkbox"/>		
			12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>20</u> ft. to <u>30</u> ft.		
			16. Nearest source of possible contamination: <u>City Sewer</u> ft. <u>60</u> Direction <u>E</u> Type <u>line</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 <input type="checkbox"/> Model number <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: <u>Owner to run concrete slab around well 4' x 4' x 4'</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 Drg 180</u> Business name License No. Address <u>Lawrence, KS</u> Signed <u>Paul Backhus</u> Date <u>6-16-76</u> Authorized representative	
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5