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

JD RECEIVED 11 NOV 1974 DIVISION OF ENVIRONMENTAL HEALTH

WATER WELL RECORD
KSA 82a-1201-1215

T 19 S R 1 E 2 EW 80
T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

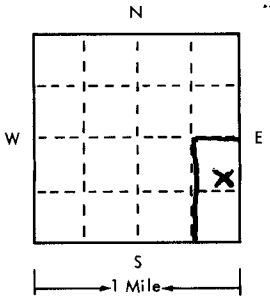
1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Marion	Lehigh	80 ac.	2	T-19-S	R-1-E

Distance and direction from nearest town or city: 4W & 4N

Street address of well location if in city: Route 3

3 Owner of well: Vernon Bartel
Address: Hillsboro, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 55 ft. Date of completion 10-23-74
Well diameter 8 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug
[ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry
[ ] Irrigation [ ] Air conditioning [ ] Commercial
[ ] Test well [ ] _____

7 Casing: Material Plastic Height: above/below
Threaded [ ] Welded [ ] Surface ___ in.
Diam 5 in. to ___ ft. depth Weight 200 lbs./ft.
___ in. to ___ ft. depth Drive shoe? [ ] Yes [ ] No

2

Type and color of material	From	To
Over Burden Yellow Shale	0	5
Yellow Shale	5	20
Gray Shale	20	25
Blue Shale	25	50
Blue Shale	50	55
Water 43 ft.		
(use o second sheet if needed)		

8 Screen:
Manufacturer _____
Type _____ Dia. _____
Slot/gauze _____ Length _____
Set between ___ ft. and ___ ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 3/8

9 Static water level:
12 ft. below land surface Date 10-23-74

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 20 g.p.m.

11 Water sample submitted:
[ ] Yes [X] No Date _____

12 Well head completion: 18
[ ] Pitless adapter [ ] Inches above grade

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ] _____
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 50 Direction South Type Propan
Well disinfected upon completion? [ ] Yes [ ] No

15 Pump: [ ] Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
[ ] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Centrifugal [ ] Other

16 Remarks: elevation

Topography:
[ ] Hill
[ ] Slope
[ ] Upland
[ ] Valley

17 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.
Business name Richmond Well Drlg. License No. 222
Address Rt.4 Marion,Ks.
Signed Ralph Richmond Date 10-23-74
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

677-H