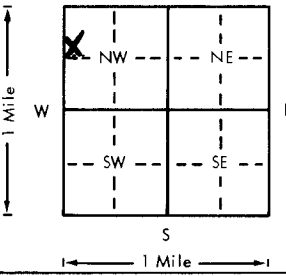


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Sw 1/4 NW 1/4 NW 1/4</u> Section number <u>4</u> Township number <u>19</u> Range number <u>1</u> <u>EW</u>	
2. Distance and direction from nearest town or city: <u>2 W 3 3/4 N</u> Street address of well location if in city: <u>Lehigh</u> 3. Owner of well: <u>Ron Dierksen</u> R.R. or street: <u>BB1</u> City, state, zip code: <u>Lehigh, Mo. 67073</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0</u> <u>2</u>
<u>Full Sand</u>	<u>2</u> <u>12</u>
<u>Sand Rock</u>	<u>12</u> <u>17</u>
<u>Yellow Clay</u>	<u>17</u> <u>32</u>
<u>Rock</u>	<u>32</u> <u>34</u>
<u>fine Sand</u>	<u>34</u> <u>38</u>
<u>fine sand medium Sand</u>	<u>38</u> <u>50</u>
(Use a second sheet if needed)	
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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 Drg. 180</u> Business name License No. Address: <u>Tampa, Mo</u> Signed: <u>Paul Backhus</u> Date: <u>10-2-78</u> Authorized representative	

6. Bore hole dia. <u>6</u> in. Completion date <u>10-2-78</u> Well depth <u>50</u> ft.
7. <input type="checkbox"/> Cable tool <input checked="" 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 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 <u>PVC</u> Height: <u>92</u> ft. below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>92</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>5340</u> lbs./ft. Dia. <u>3</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>258</u>
10. Screen: Manufacturer's name <u>APC m</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>70</u> Length <u>10</u> Set between <u>40</u> ft. and <u>50</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-50</u>
11. Static water level: <u>30</u> ft. below land surface Date <u>10-2-78</u> mo./day/yr.
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.
14. Well head completion: <u>Well House</u> <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade
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>0</u> ft. to <u>10</u> ft.
16. Nearest source of possible contamination: <u>Cattle</u> ft. <u>60</u> Direction <u>SE</u> Type <u>lot</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 _____ 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

T 19
R 19
W 19
Sec 4 SW NW NW