

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 <i>Marion</i>	Fraction <i>Se 1/4 Se 1/4 Sw 1/4</i>	Section number <i>11</i>	Township number T <i>19</i> S R <i>2</i> (E-W)	
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
<i>4 mi E on 56th</i> <i>Hillsboro</i>			<i>Brent Boring</i> <i>211 S Birch</i> <i>Hillsboro, KS, 67063</i>		
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <i>8-7</i> in. Completion date <i>4-21-78</i> Well depth <i>80</i> 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	
5. Type and color of material				9. Casing: Material <i>PVC</i> Height: <i>Above</i> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>15</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <i>8440</i> lbs./ft. Dia. <i>5</i> in. to <i>20</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>258</i>	
				10. Screen: Manufacturer's name <i>ASTM</i> Type <i>PVC</i> Dia. <i>5-11</i> Slot/gauze <i>1/8</i> Length <i>20</i> Set between <i>100</i> ft. and <i>80</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>30-12</i>	
				11. Static water level: <i>57</i> ft. below land surface Date <i>4-21-78</i> mo./day/yr.	
				12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.	
				13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter ____ 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 <i>3</i> ft. to <i>13</i> ft.	
				16. Nearest source of possible contamination: <i>Lugume</i> ft. Direction <i>SW</i> Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ 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	
(Use a second sheet if needed)					
18. Elevation:		19. Remarks: <i>owner to run concrete slab around well</i> <i>4'x4'x4"</i>		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. <i>Backhus Dry 100</i> Business name License No. ____ Address <i>Tampa, KS.</i> Signed <i>Paul Backhus</i> Date <i>4-24-78</i> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 79
R 20
W 11
Sec 11
1/4 1/4 1/4

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

Form WWC-5