

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 Marion	Fraction SW 1/4 SW 1/4 NW 1/4	Section number 21	Township number T 19 S R 2	Range number 2
2. Distance and direction from nearest town or city: 1 W 1 1/2 N			3. Owner of well: Bert Jost			
Street address of well location if in city: Hillsboro			R.R. or street: BR			
			City, state, zip code: Hillsboro KS			
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. 4 1/2 in. Completion date 4-27-79			
			Well depth 45			
			7. <input checked="" 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 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 Styrene Weight: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 200 wall lb./ft. Dia. 5 in. to 4 1/2 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 200 wall			
5. Type and color of material			From	To	10. Screen: Manufacturer's name Cer-mac	
Top Soil			0	2	Type Styrene Dia. 5"	
Yellow Clay			2	30	Slot/gauze 1/2 Length 10	
Blue Shale			30	40	Set between 35 ft. and 45 ft. ft. and _____ ft.	
Shale Gravel & Water			40	45	Gravel pack? <input checked="" type="checkbox"/> Size range of material 30	
					11. Static water level: _____ mo./day/yr. 20 ft. below land surface Date 4-27-79	
					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 type="checkbox"/> Pitless adapter 12 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 0 ft. to 10 ft.	
					16. Nearest source of possible contamination: sewer line ft. 50+ Direction NE Type line 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 _____ Valts _____ 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: OWNER to run concrete slab around well 4'x4'x4'		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. Backhus Dng. 180 Business name _____ License No. _____ Address Tampa KS Signed Paul Backhus Date 4-27-79 Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 19 S R 2 Sec 21 SW 1/4 SW 1/4 NW 1/4

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

Form WWC-5