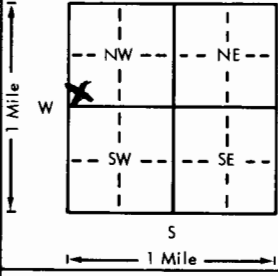


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Sec 13 T19S R3E</u> Section number <u>33</u> Township number <u>T 19 S</u> Range number <u>R 3 E</u>	
2. Distance and direction from nearest town or city: <u>5 E 1/2 N Hillsboro</u> 3. Owner of well: <u>Dwayne Claassen</u> R.R. or street: <u>RR1</u> City, state, zip code: <u>Hillsboro, Mo.</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0 2</u>
<u>Yellow Clay + Shale</u>	<u>2 34</u>
<u>Some Water</u>	<u>34 35</u>
<u>Blue Shale</u>	<u>35-62</u>
<u>Water</u>	<u>62 63</u>
<u>Rock</u>	<u>63 64</u>
6. Bore hole dia. _____ in. Completion date <u>10-13-78</u> Well depth <u>64</u> ft.	
7. <input checked="" type="checkbox"/> Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary	
8. Use: <input checked="" type="checkbox"/> Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other	
9. Casing: Material <u>Styrene</u> _____ Above or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC _____ Weight <u>2</u> lbs./ft. Dia. <u>5</u> in. to <u>64</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>200 wall</u>	
10. Screen: Manufacturer's name _____ Type <u>Styrene</u> Dia. <u>5"</u> Slot/gouge <u>10</u> Length <u>10</u> Set between <u>59</u> ft. and <u>64</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-30</u>	
11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date _____	
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. Yes _____ 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 _____ Bentonite _____ Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
16. Nearest source of possible contamination: _____ ft. _____ Direction <u>E</u> Type <u>Septic Tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other	
(Use a second sheet if needed)	
18. Elevation:  Topography: _____ Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland _____ 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>Jampa, Mo.</u> Signed <u>Paul Backhus</u> Date <u>10-16-78</u> Authorized representative

T 19 S R 3 E Sec 13 SW 1/4

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

Form WWC-5